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**MIDTERM EVALUATION  
OF THE  
ENTERPRISE PROGRAM**

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Fieldwork  
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## Glossary

A.I.D.	Agency for International Development
CBD	Community-based distribution
CRS	Contraceptive retail sales
CSM	Contraceptive social marketing
CTO	Cognizant Technical Officer
CYP	Couple year/s of protection
FPA	Family planning association
FPIA	Family Planning International Assistance
FPMT	Family Planning Management Training (project)
FPSD	Family Planning Services Division (A.I.D. S&T/POP)
IEC	Information, education, and communication
ILO	International Labor Organization
IPPF	International Planned Parenthood Federation
JHU/PCS	Johns Hopkins University/Population Communication Services
JSI	John Snow, Inc.
KAP	Knowledge, attitudes, and practices
MIS	Management information system
BV	New Business Ventures
NGO	Non-governmental organization
NPVO	Private voluntary organization
S&T/POP	Bureau for Science and Technology/Office of Population (A.I.D.)

SIC	Standard industrial classifications
SOMARC	Social Marketing for Change (project)
STD	Sexually transmitted diseases
TA	Technical assistance
TIPPS	Technical Information on Population for the Private Sector (project)
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development (overseas missions)

The following subprojects are referred to in the report in terms of their acronyms. More information on these subprojects is available in Appendix E, Tables E2, E3, and E4.

ADOPLAFAM	CIS	PBSP	PROTA
ASHONPLAFA	CPAIME	PCF	YKB
BAT	HIO	PDA	ZNFC
CBA	MEXFAM	Pro-Pater	

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## Project Identification Data

1. **Scope:** Worldwide
2. **Project Title:** Family Planning Enterprise (FPE)
3. **Project Number:** 936-3034
4. **Contract Number:** DPE-3034-C-00-5072-00
5. **Critical Project Dates:**  

Contract Signed:	September 30, 1985
Contract Amendment 1:	June 1, 1987
Project Assistance Completion Date:	September 30, 1990
6. **Project Funding:** \$27,016,355; Five-year Contract
7. **Mode of Implementation:**  
A.I.D./Washington Centrally Funded Contract Agreement between Office of Population, Bureau of Science and Technology and the Contractor (John Snow, Inc.)
8. **Contractor:**  
John Snow, Inc.  
1100 Wilson Boulevard, 9th Floor  
Rosslyn, VA 22209
9. **Subcontractors:**  
Birch & Davis Associates, Inc.  
Coverdale Organization, Inc.  
John Short & Associates, Inc.
10. **Previous Evaluations/Reviews:**  
A.I.D./JSI Joint Management Review, February 1988.

## Executive Summary

### Background and Rationale

Traditionally, A.I.D.'s strategy for providing family planning services has been to work chiefly with the public sector (governments in developing countries) and, in the private sector, with private voluntary organizations (PVOs). By the early 1980s it had become apparent that this strategy would not be adequate given, on the one hand, rapid population growth and increased demand for family planning services and, on the other, reduced allocation of public resources for health and family planning.

This set of realities, together with a new general A.I.D. policy to work with the private sector, led the Office of Population (S&T/POP) to consider experimenting with new ways to incorporate both the skills and delivery channels found in the commercial, for-profit sector. A few earlier A.I.D. initiatives with the for-profit sector (as well as those of other donors and some private firms) suggested that a more comprehensive private sector approach might have a significant impact on increasing contraceptive use.

At the same time, the Office of Population was also eager to help PVOs working in family planning to become more efficient and businesslike as the availability of international and national funding for family planning continued to decline.

### The Enterprise Project: Scope and Objectives

To address these two concerns, and to encourage "private enterprise" approaches to family planning service delivery, A.I.D. authorized the Family Planning Enterprise Project in September, 1985. This is a five-year project with a budget of \$27,016,355 in grant funds.

The project purpose as stated was "to increase the delivery and use of acceptable, affordable family planning services through the private sector." The project comprises two components -- a PVO component and a commercial (for-profit) component -- each with different strategies and slightly different objectives.

The objective of the PVO component was "to introduce or reinforce useful business skills into existing private family planning organizations, primarily private voluntary organizations" (PVOs), especially local nongovernmental organizations (NGOs) based in developing countries. Subprojects were to be designed to expand PVO coverage.

The objective of the commercial (for-profit) component was "to combine tried and new approaches to integrating the provision of family planning products and services into: (a) existing profit-making commercial channels and (b) employee benefit plans." The outcome was to be expansion of market-based family planning services with many of the costs absorbed by profit-making commercial markets. Local PVOs were expected to co-program and co-finance some of these activities.

A contract to implement the project was signed between the Agency for International Development (A.I.D.) and John Snow Inc. (JSI) in consortium with three subcontractors -- Birch & Davis Associates, Inc., Coverdale Organization, Inc.,



and John Short & Associates, Inc. Responsibility for the project was placed in the Family Planning Services Division of the Office of Population.

The contract specifies as major deliverables 80 subprojects--contract agreements made by Enterprise with private-sector entities in developing countries to carry out some activity related to family planning (service delivery, research, etc.). According to the Project Paper, **"the end-of-project status by which to evaluate whether the project purpose has been achieved is increased contraceptive use and prevalence attributable to the subprojects developed."** Other contract deliverables are workshops, training modules, and person-months of technical assistance.

## Purposes and Methodology of this Evaluation

This evaluation is being conducted during project year four with about one and a half years remaining in the project. Its purposes are: (1) to examine whether the project was designed in a way that will permit it to meet its objective of developing and expanding family planning service delivery in the private sector; (2) to determine whether revisions are warranted at this time; and (3) to provide information that can be used in designing a follow-on project. The methodology consisted of a team planning meeting, briefings, document review, and interviews at A.I.D. and Enterprise headquarters in Washington D.C., intensive field visits in two project countries (Philippines and Zimbabwe), interviews with Asia and Africa regional staff, and input from subproject personnel and USAID missions in other countries via questionnaires.

## Major Conclusions

1. Project conceptualization and design. The project concept is a good one. The project design, however, was very ambitious: develop new ways to use the for-profit sector for service provision, make PVOs efficient and businesslike, and increase contraceptive prevalence by the end of the project.
2. Contract compliance. JSI is on schedule in meeting most of the contract deliverables. To date, 62 of the target 80 subprojects have been initiated. 130 person-months of technical assistance have been provided, 2 training modules have been produced, and 10 workshops have been carried out.
3. Project strengths and achievements. In many countries, Enterprise staff have established good working relationships, good name recognition for Enterprise, and a positive attitude toward "the Enterprise concept." Workshops staged by Enterprise have helped spread the concept and some businesses have expanded provision of services using their own funds. In one country, a coordinating unit has been established that may serve to institutionalize the Enterprise concept at the national level. Enterprise has many good subprojects; 42 are service delivery projects in which many personnel seem quite dedicated and services appear of high quality. Some subprojects are quite innovative. Enterprise is focusing on the question of sustainability, especially with PVOs, and some subprojects have good potential for self-sustainability. Promising links are being created between PVOs and commercial enterprises. PVO sustainability subprojects are stimulating interest in management skills and income generation. Numerous USAID missions praise Enterprise for useful technical assistance provided.

4. Impact. Despite the above, the overall impact of the contract deliverables is not likely to be significant. First, significant increases in prevalence will probably not be achieved or be attributable to Enterprise: The total number of acceptors projected by Enterprise to be achieved by the 62 subprojects currently ongoing will be only 250,000 to 450,000 and many of the subproject firms were already providing family planning services before Enterprise. Second, because JSI's focus was on meeting contract deliverables and undertaking efforts to establish subprojects in so many countries, Enterprise is working in only a very narrow part of the private sector. It has tended to work with large companies in the organized sector that are easier to penetrate, such as in the mining industry and plantations. Enterprise had no overarching strategic plan at a global or country level to enable them to discern the key economic sectors and strategic industries in which effort should be concentrated. In addition, Enterprise has not placed sufficient emphasis on systematic learning about other ways to maximize impact through the for-profit sector, e.g. for-profit health care and family planning service providers. Third, despite good work with PVOs, the financial problems of most PVOs are beyond the ability of Enterprise to deal with. At the same time, A.I.D.'s mandate to Enterprise to try to make PVOs self-sustaining has diverted it from finding new ways to work with the for-profit sector.

5. Cost. Cost-effectiveness was not a priority in project design or early implementation. Subproject development and monitoring costs are high due to Enterprise's centralized administrative structure and the fact that Enterprise is operating in so many countries. In many subprojects, costs per acceptor and costs per couple year of protection are also high.

6. Collaboration among projects. The collaboration with other projects envisaged in the project design has not really taken place. Enterprise and the other S&T/POP projects with which it overlaps (e.g., TIPPS, FPMT) function more in isolation or in a competitive manner. There has been some good collaboration, however, with FPIA, JHU/PCS, and Pathfinder.

7. Potential for success. With modification of objectives and strategy -- including consolidation in fewer countries, decentralization to the extent practical, higher priority on systematic definitive learning about what approaches are most successful, and diffusion of this information to others -- this project could make a significant contribution to private sector family planning programs.

8. Quality of services. Participating firms' clinics visited in both the Philippines and Zimbabwe displayed high standards.

## Major Recommendations for The Remainder of the Project

1. Objectives. Learning which private sector approaches will be most successful (in terms of impact and cost-effectiveness) should be the major objective for the remainder of the project. Secondary objectives, and the priorities among them, should be precisely determined by A.I.D. (in consultation with JSI). A.I.D. should agree on the best strategy for achieving the priority objective(s) and amend the contract if necessary.

2. For-profit sector. This should be the private sector focus of Enterprise. More attention should go to exploring options with market-based commercial channels ("health-care markets").

3. PVOs. No new PVO activities should be initiated aimed solely at PVO strengthening or self-sustainability. The objective in work with PVOs should be to enable them to market training, IEC, and other technical assistance services to for-profit firms with which Enterprise is working.
4. Implementation strategy. Enterprise should decentralize and also consolidate in fewer countries. It should also bring on board more private-sector expertise. A.I.D. should eliminate the 80-subproject target in order to focus on systematic learning.

## Major Recommendations for a Follow-on Project

1. Design of a follow-on project. Develop a follow-on project which combines the Enterprise and TIPPS projects. Concentrate on the for-profit sector (leaving general PVO strengthening to other projects). All work with PVOs should focus on enabling them to market family planning technical assistance to private sector service providers.
2. Objectives. The primary objective can be to achieve increases in contraceptive prevalence but only if the project restricts itself to a small enough number of countries and is designed to proceed in a systematic learning manner. Careful segmentation of the for-profit sector is absolutely essential.
3. Implementation strategy. Develop a "tiered" strategy which asks the contractor to work intensively in a smaller number of countries (e.g., 6 to 10) while also being available to provide ad hoc technical assistance to USAID missions elsewhere. Specify a decentralized approach relying heavily on local personnel.
4. Relationship to other projects. Develop an Office-wide strategy for increasing collaboration and minimizing redundancy among projects in order to use scarce resources more efficiently.

## Major Conclusions and Recommendations

### Conclusions

#### Overall Assessment

Despite many achievements, this project is not likely to meet all its stated objectives. With some changes at this time, however, it should be possible to redirect the project so that it (a) has greater impact in a smaller number of countries, and (b) provides the Office of Population with crucial, systematic knowledge about how to maximize its investment in the private sector in future projects. A.I.D.'s general intention with this pioneering project is praiseworthy. At the output level, Enterprise has many clear achievements and is proceeding well in terms of meeting contract "deliverables." Nevertheless, the overall impact of the project, as currently implemented, is not likely to be significant either in terms of the initially stated project objectives or relative to the project budget. Groundwork for success has been laid, however. With modification of objectives and strategy -- including consolidation in fewer countries, decentralization to the extent practical, higher priority on systematic definitive learning about what approaches are most successful, and diffusion of this information to others -- this project could have a significant, lasting impact and be one of which both A.I.D. and JSI can be proud.

#### Major Conclusions

1. Project conceptualization and design as expressed in the Project Paper. The general intent behind the project -- to use the private sector to provide family planning services -- is a good one, and most of the basic assumptions underlying the project design remain valid, but the project design was not clearly conceptualized. Given the five-year time frame, the Project Paper was very ambitious. It was all-encompassing in terms of geographic and substantive scope, stated multiple objectives and intended impact, and did not establish priorities among its multiple objectives, some of which were conflicting. Major objectives included: find new ways to use the for-profit sector for family planning service provision; transfer costs of service provision from the public to the for-profit sector; make PVOs efficient, businesslike, and expand the coverage they provide. The net result (impact and intended end-of-project status) was to be increased contraceptive prevalence attributable to Enterprise's subprojects. Enterprise was expected to achieve all the above while initiating subprojects in 30 or more countries.

It was not realistic to expect a new centrally funded project to increase contraceptive prevalence while establishing 80 subprojects, many intended to be exploratory, in 30 different countries. It is questionable whether any contractor could have accomplished all that was set forth. The project design thus left many strategic issues to be resolved in implementation.

2. The project design as implemented. In implementation, the contract rather than the Project Paper, became the guiding document while the contract deliverables have become objectives. The contract retained only segments of the Project Paper while adding contract deliverables as a dominant element. The Project Paper and specific objectives contained therein seem to have been set aside while the contract deliverables came to be regarded as ends in themselves -- ultimate objectives of the project -- rather than only means to achieving an end. The contract, rather than

the Project Paper, has been, operationally, the project design. JSI never did resolve the issue of overly ambitious objectives.

3. **Multiple objectives.** In implementation additional objectives were added without clarification of priorities among them or assessment of the overall feasibility of meeting all objectives. Two new objectives, self-sustainability and initiation of new business ventures, were suggested by A.I.D. and accepted by JSI. It should have been realized that these objectives were not all fully achievable within five years -- especially not while gaining entry and acceptance for Enterprise in some 30 countries, initiating 80 subprojects in those countries, and responding to USAID mission requests for technical assistance in yet additional countries.

4. **Contract compliance.** JSI is well on schedule in meeting most of the contract deliverables. To date, 62 of the target 80 subprojects have been initiated. Subprojects have been initiated in 27 countries, against the target of about 30 countries for PVOs and 18 countries for commercial (for-profit) sector subprojects. A total 130 out of 160 person-months of technical assistance has been provided, 2 out of 3 training modules have been produced, 10 workshops have been carried out, and 3 regional advisors have been appointed.

5. **Project strengths and achievements.** At the output level, the Enterprise staff has engaged in a high level of activity; the project has numerous strengths and many clear achievements. Enterprise has good family planning skills on its staff. In general, staff members are talented, dedicated, and hard-working. Enterprise's regional personnel are providing important in-country assistance. In many countries, Enterprise staff have established good working relationships, good name recognition for Enterprise, and a positive attitude toward "the Enterprise concept." Numerous USAID missions praise Enterprise for useful technical assistance provided to their bilateral programs.

#### ■ Private Sector Involvement

Private sector interest and involvement in family planning has increased due to Enterprise; in some countries governmental interest in promoting family planning through the private sector has also been stimulated by the project. Enterprise subprojects and workshops have stimulated private sector investment in family planning in the absence of any further Enterprise investment. Examples include spin-off and replication activities in Mexico and Colombia as a result of a workshop in the Dominican Republic.

#### ■ Service Delivery

Enterprise has many good subprojects. Forty-two are service delivery projects in which many personnel seem quite dedicated and services appear of high quality. The quality of Enterprise's medical monitoring also appears high. As part of Enterprise's routine activities, service delivery subprojects are assessed for quality assurance components from proposed initiation through project implementation. A Medical Review Committee has been established to oversee the process, and Enterprise has a medical monitor at headquarters to provide continued support for the various activities.

- **Innovation and Sustainability**

A few subprojects are research projects that address critical issues. Some subprojects are quite innovative and some may have potential for self-sustainability. PVO subprojects are stimulating interest in management skills and income generation.

- **PVO-For-profit Synergism**

One of Enterprise's most important achievements has been the development of the business firm-PVO service provision relationship. Under this model, a business firm pays a PVO to deliver family planning services in the firm's health clinic. This private sector service delivery model addresses a number of development concerns: PVO sustainability, shifting of the burden of public sector service delivery to the private sector, and cost-effectiveness. With the extension of services through an "umbrella approach" to 10-20 firms, rather than just one firm, the volume of acceptors should be high, and costs, relatively low.

- **Workshops and Training Modules**

Workshops have served three purposes. First, they have been an effective method of disseminating the goals and objectives of the Enterprise program to the PVO and commercial sectors. Second, they have provided an impetus to mobilize PVOs and private organizations toward initiating or improving family planning activities. Third, they have been used as a mechanism for identifying new subprojects.

To date, JSI has developed two modules focusing on increasing overall effectiveness of PVO management and developing company-based programs. These modules were well produced and were used extensively by contractors, PVOs, and donors.

- **Positive Responses from Companies and USAID Missions**

All companies that responded to questionnaires sent to subproject management in conjunction with this evaluation (see Appendix C) indicated positive effects associated with Enterprise-supported family planning programs. Most of the companies indicated that they would be more than likely to continue their programs once funding had terminated.

According to cabled responses to questionnaires to USAID missions, Enterprise staff have good working relationships with the missions. In general, mission responses were positive regarding the conceptualization and design of country-specific subprojects and the quality of Enterprise technical assistance. As a result of Enterprise's success at the field level, numerous missions have requested buy-ins, indicating a desire to work with the program.

6. **Impact.** Nevertheless, the project is not likely to achieve its stated purpose and the overall impact of the contract deliverables is not likely to be significant in terms of the stated objectives. First, in terms of demographic impact, significant increases in prevalence will probably not be achieved or be attributable to Enterprise: The total number of acceptors projected by Enterprise to be achieved by the 62 subprojects currently ongoing will be only 250,000 to 450,000 and many of the subproject firms were already providing family planning services before Enterprise. Second, because JSI's focus was on meeting contract deliverables and

undertaking efforts to establish subprojects in so many countries, Enterprise is working in only a very narrow part of the private sector. It has tended to work with large companies in the organized sector that are easier to penetrate, such as in the mining industry and plantations. Enterprise had no overarching strategic plan at a global or country level to enable them to discern the key economic sectors and strategic industries in which effort should be concentrated. In addition, Enterprise has not placed sufficient emphasis on systematic learning about other ways to maximize impact through the for-profit sector, e.g. for-profit health care and family planning service providers. Third, despite good work with PVOs, the financial problems of most PVOs are beyond the ability of Enterprise to deal with. At the same time, A.I.D.'s mandate to Enterprise to try to make PVOs self-sustaining has diverted it from finding new ways to work with the for-profit sector.

Reasons for probable shortfalls in achieving objectives lie in 1) the ambitiousness of the project design and the multiple objectives; 2) lack of private (for-profit) sector expertise within Enterprise; 3) Enterprise staff and decision-making being highly centralized in Washington D.C.; and 4) the fact that Enterprise is working in so many countries.

7. **Project structure and staffing.** The present organizational structure does not appear optimal for achieving the best possible outcomes from the resources invested. First, the staff is heavily weighted toward family planners relative to private sector and economic analysis specialists. Second, the project is highly centralized with a relatively large staff in Washington, only limited use of regional- and country-based personnel to support field activities, and little decision-making authority delegated to the field. Third, the fact that Enterprise has carried out activities in 41 countries places heavy demands on its resources. Subprojects have been initiated in 27 countries and technical assistance provided in an additional 14 countries -- all from Washington.

8. **Cost.** Cost-effectiveness was not a priority in the Project Paper, contract, or early implementation and many costs are high.

Subproject development and monitoring costs are significantly greater than the amounts of funds going into the subprojects themselves. These costs are high in large part because of Enterprise's centralized administrative and monitoring structure and the fact that Enterprise is operating in so many countries.

Within many subprojects, costs per acceptor and costs per couple year of protection are also high, regardless how they are calculated.

Little systematic experimentation or monitoring has been done on the question of how to transfer some of the family planning cost burden to the private sector.

9. **Implementation strategies.** Implementation strategies appear to have been determined chiefly on the basis of how to get subprojects initiated to meet quantitative target deliverables. As a result, in its commercial-sector activities, Enterprise has focused chiefly on employment-based family planning as an employee benefit and has done little with the commercial market-based channels ("health-care markets") specified in the Project Paper and contract.

10. **Employment-based subprojects.** More than half of the total subprojects (34 out of 62) are employment-based subprojects. There are both strengths and weaknesses in this.

On the plus side, many of these are good subprojects implemented by leading firms with management interested in family planning and with clinical people providing high quality services.

On the other hand, these were relatively easy subprojects to get going. Many of the firms had already begun to provide family planning services before Enterprise, or already felt some desire to do so. For Enterprise, feeling pressure to get subprojects initiated quickly and to meet the commercial (for-profit) sector target of 30 subprojects (later increased to 50), these were easy targets of opportunity. This was the for-profit sector area about which A.I.D. knew most before the project began. It is not clear how much has been learned through these subprojects (including about the feasibility of actually transferring costs to the private sector). Furthermore, the total number of new acceptors will not be great relative to overall project costs.

In motivating companies to enter into contracts with Enterprise, the project has been using a "cost-benefit" analysis whose design is faulty and needs to be corrected. At the same time, formal cost-benefit analysis may not be necessary for each company; some firms are easily convinced, without detailed studies, of the savings that will accrue from providing family planning services to employees.

11. **PVO/NGO subprojects.** Enterprise has had a positive impact on the willingness of some PVOs (NGOs) to think of working with private business and the use of business skills in managing their own activities. In most subprojects, it is too early to find clear evidence of significant improvements in PVO management performance as a result of Enterprise assistance, however.

Many PVOs face an extremely difficult future in respect to maintaining their funding sources. The magnitude and complexity of their problems is beyond the resources of Enterprise which can make only a modest contribution to their all-around sustainability.

The special contribution of Enterprise to the issue of sustainability is to link PVOs with a new source of potential income, namely for-profit firms to which PVOs can provide needed technical assistance in family planning -- what Enterprise has called the "synergistic effect."

Given that the Office of Population already had numerous other projects working with PVOs, it is appropriate that Enterprise's PVO component was not a separate project. The early decision to amend the contract to place less emphasis on PVOs relative to the commercial for-profit sector was also good. Still, too much attention has gone to PVOs, given the Office's desire to be innovative in trying new commercial and market-based channels for the provision of family planning services.

12. **Commercial market-based subprojects.** Of the three private-sector "channels" set forth in the project design, this one, referred to as "health care markets," has received the least attention. Enterprise staff point out that working with private providers and retailers is difficult due to the general absence of strong linking organizations through which to proceed. Nevertheless, Enterprise has discovered



some interesting market opportunities for microbusinesses in providing family planning (now classified under the rubric "new business ventures").

13. **"New business venture" subprojects.** Subprojects categorized under the heading "new business ventures" include some of the more innovative activities undertaken by Enterprise. Some of these involve income-generation for PVOs; others involve market-based providers. This separate category, however, is not clearly defined and is confusing even to many Enterprise staff.

14. **Service delivery subprojects and numbers of acceptors.** Forty-two service-delivery subprojects have been initiated, most employment-based and some with PVOs. Together these subprojects project a total of only approximately 250-450,000 acceptors. Even if targets are reached, because the total number of acceptors projected is low, the impact on prevalence rates within the participating countries will be minimal. Numbers of acceptors in the employment-based subprojects tend to be lower than in the PVO subprojects.

The current total number of acceptors is only about 70,000, as many subprojects are just beginning to provide services. Data related to new, transfer, and continuing users, as well as drop-out rates, has not yet been uniformly or routinely collected by Enterprise. Recent attempts have been made to develop an MIS system and train personnel to collect these service statistics but, as with many service delivery projects, the information often is not totally reliable.

Equally importantly, at this early stage, the potential success of subprojects cannot be determined by looking only at such service statistics as numbers of acceptors. Other indicators, such as quality of service provision, IEC, and training, may give a more meaningful picture of the potential sustainability and impact of service delivery subprojects than service statistics -- both because of the questionable accuracy of the numbers and because of the newness of most subprojects.

15. **Sustainability.** Enterprise is focusing on the question of sustainability, especially with regard to PVOs. Some subprojects should be self-sustaining by the end of this project. On the other hand, other worthwhile subproject activities will not be self-sustaining and should possibly continue to receive public support.

16. **Collaboration among projects.** The collaboration envisaged in the project design between Enterprise and other projects working in the private sector has not really taken place. There are a few laudable instances of collaboration (e.g., with JHU/PCS, FPIA and Pathfinder), but for the most part these projects function more in isolation or in a competitive manner, and there have been conflicts with the TIPPS approach. In addition, Enterprise overlaps both substantively and geographically with several other S&T/POP projects (especially TIPPS, FPMT, SOMARC). This is unfortunate with regard to maximizing the effective use of S&T/POP resources.

## Major Recommendations for the Remainder of the Project

### 1. Project Objectives

The objectives of the project, and the priorities among them, should be precisely determined by A.I.D. (in consultation with JSI).

The major objective for the remainder of this project should be to learn which approaches to providing family planning through the private (especially for-profit) sector will be most successful and under what circumstances. The target of 80 subprojects should be eliminated; new subprojects should be initiated not to meet a numerical target but to maximize learning.

Enterprise staff should analyze promptly both what has been learned to date and what questions remain unanswered. Special attention should go to subprojects that have already been completed, especially those (e.g., in Mexico) which appear to be quite successful. A series of preliminary working papers should be produced reflecting this state of knowledge and providing the basis for internal evaluation activities. Topics should include employment-based family planning, market-based family planning ("health care markets"), costs and cost transfer, PVO technical assistance to for-profit firms, and sustainability.

Criteria to be used for evaluating project performance and success (and thus also the performance of the contractor) should be determined as part of agreeing on project objectives.

### 2. Implementation Strategy

A.I.D. and Enterprise should agree on the best strategy for achieving the priority objective(s) and amend the contract if necessary. The strategy should contain the following elements:

**Personnel.** Enterprise should bring on board more private-sector expertise, especially perhaps as short-term consultants or advisors.

**Country consolidation.** Enterprise should consolidate its activities in fewer countries rather than expand to new ones. Enterprise documents have indicated interest in concentrating on certain priority countries; this is appropriate. Enterprise should not initiate new subprojects in countries where it does not already have a subproject under way.

**Decentralization.** Subproject development and monitoring (including the provision of technical support) should become less centralized. Enterprise should place more staff in its regional offices and give these offices greater authority to develop and implement subproject activities. Where possible, Enterprise should attempt to hire in-country representatives in all countries where the program has a substantial amount of subproject activity. In-country representatives could play a major role in the consolidation and information dissemination activities that should be carried out during the remainder of the project.

### Priority among Subproject Categories

- **For-profit sector.** The for-profit sector should be the private sector focus of Enterprise. More attention should go to systematically exploring options with market-based commercial channels ("health care markets") as set forth in the Project Paper, even if they do not lead to immediate gains in acceptors.
- **PVO activities.** No new PVO activities should be initiated aimed solely at PVO strengthening or PVO self-sustainability. Instead, work with PVOs should focus on activities to enable PVOs to market training, IEC, and other technical services to private sector entities for a fee -- what Enterprise has called the "synergistic approach."
- **"New business ventures."** The "new business ventures" category should be dropped. Subprojects now classified by this theme should be reclassified under one of the project's original categories (presumably PVO or commercial market-based channels). No efforts should be made to start new business ventures not directly related to family planning.

### 3. Cost Issues

Costs per acceptor and costs per CYP. The Office of Population should decide what its precise goals are in the area of costs per acceptor and costs per CYP. A.I.D. and Enterprise should then come to agreement on how to calculate these costs. Efforts should be made to understand the circumstances under which some subprojects costs are high while others are low.

Subproject costs associated with centrally funded projects that have a world-wide base. The Office of Population should carry out a study to review the subproject development and implementation costs associated with centrally funded projects that have a world-wide base. This would help to identify ways of better understanding these costs, so that they might potentially be reduced, not only for Enterprise but other future programs as well.

Criteria for assisting private-sector business firms. Given the intent of this project to transfer some costs of service provision to the for-profit sector, subsidies should be provided only where necessary. Guidelines for provision of subsidies ("seed money," including equipment) should be developed promptly. Enterprise should seek to learn more about the circumstances under which continued subsidies should be provided.

### 4. MIS and Evaluation

Enterprise should proceed with its efforts to develop a comprehensive MIS that can be used as an effective tool for both monitoring and evaluation. The MIS should gather not only service statistics but also qualitative information about activities such as training, IEC, motivation, and spin-off effects.

5. Sustainability

Enterprise should proceed further with analysis of what can realistically be expected in this area and develop guidelines for future activities.

6. Spin-off and Diffusion of Ideas and Activities

The project should proceed with and develop further its plans to disseminate information about successes and lessons learned in this project.

7. Collaboration with Other S&T/POP Projects

Enterprise should follow up and expand on current initiatives to collaborate with TIPPS and other centrally funded projects. S&T/POP should devise strategies and incentives to encourage greater collaboration among its contractors.

8. A.I.D. Management

Private Sector Advisory Group. A.I.D. should consider establishing, if feasible, a "Private Sector Family Planning Technical Advisory Group" (or group with some similar name) consisting of experts from outside A.I.D. who can advise S&T/POP on private sector programming issues and advise the new CTO on overall management of this project.

CTO management. Given the imminent departure of the current CTO, a new CTO should be brought on board as soon as possible and be phased in by the current CTO. Given the high turnover of CTOs on many centrally funded projects (this will be the fourth for Enterprise), and the frustration this often causes project contractors, S&T/POP should develop better procedures for initiating new CTOs to the task and effecting a smooth transfer of responsibility and understanding of the project and its objectives.

## Major Recommendations for a Follow-on Project

1. Design of a follow-on project. Develop a follow-on project which concentrates on the for-profit sector and combines the strengths of the Enterprise and TIPPS projects.

2. Objectives. Objectives should be clearly stated and priorities specified. They should be linked to specific evaluation criteria, which will be different for different objectives (e.g., achieving a cost transfer from public to private sector vs. increasing contraceptive prevalence).

The primary objective could be to achieve increases in contraceptive prevalence but only if the project restricts itself to a small enough number of countries and is designed to proceed in a systematic learning manner. Careful segmentation and analysis of the for-profit sector is absolutely essential.

3. **Implementation strategy.** Develop a "tiered" strategy which asks the contractor to work intensively in a smaller number of countries (e.g., 6 to 10) while also being available to provide ad hoc technical assistance to missions on request. A decentralized approach relying heavily on local personnel should be specified.
4. **Flexibility.** The contract should require the contractor to evaluate on an ongoing basis the overall appropriateness and feasibility of the project design and strategy in terms of actual current conditions. As project staff learn what is appropriate and cost-effective, changes should be made as necessary.
5. **Relationship to other projects.** An Office-wide strategy should be developed to increase collaboration and minimize redundancy among projects in order to use scarce resources more efficiently. Incentives should be devised to promote collaboration.

## Other Recommendations

6. If the "Private Sector Family Planning Technical Advisory Group" is not established before the current project is completed, it should be set up before the start of the follow-on project. In any case, A.I.D. should consider bringing in consultants with for-profit sector expertise and project and social science research design expertise to assist in the design process.

### Relationship to Other S&T/POP Projects

7. In combining the Enterprise and TIPPS projects, the demand-generation approach used by TIPPS could be broadened to include stimulation of such market-type enterprises as doctors, midwives, contraceptive producers, and others to become involved in an overall coordinated commercial sector plan to increase the availability and use of contraceptives.

### Organizational Structure and Staffing

8. Private-sector specialists should constitute a larger portion of the staff and should be in key management positions. This might include using funds to bring in consultants with private sector expertise.
9. The project design should ensure that project management is decentralized.

### Implementation Strategy

10. For each country, a clear "map" (or market segmentation) of the different elements of the private sector should be drawn up and within each sector further distinctions should be made.

11. The follow-on Project Paper should contain more explicit guidance on types of commercial sector activities to be undertaken (i.e., specifically pointing to the precedence that should be given to health care market-type activities over employment-based service delivery).

12. No efforts should be made to start new business ventures not directly related to family planning.

13. All work with PVOs should focus on activities to enable them to market (for a fee) training, IEC, and other technical services to private sector entities.

14. When developing new subprojects, no more of the cost-benefit analysis of the type that Enterprise has carried out to date should be undertaken. Hypothetical examples of the cost of programs and the resulting cost savings to the firm could probably serve almost as well, at a fraction of the cost, for convincing new participants. Any cost-benefit analysis should be carried out in accordance with the methodology outlined in Appendix C.

15. If A.I.D. has not yet begun the study to review the subproject development and implementation costs associated with centrally funded projects that have a world-wide base, it should undertake it during the period of the follow-on project.

16. Studies of contraceptive usage (demand) in the target populations should be carried out both before a subproject begins and at least once more at the end of the subproject. From these studies, not only can pricing and cost-recovery conclusions be drawn, but evaluation of new and continuing users as a result of the project can be done (i.e., cost-benefit analyses can be carried out and the benefits to both the firms and the society can be estimated).

### **Subproject Costs**

17. Given the recent cuts in population budgets, the Office of Population should ensure that the design of any follow-on project directs the contractor to spend project funds in a cost-effective manner.

# 1. Introduction: Project Establishment and Objectives

## 1.1 Establishment and Assumptions of the Enterprise Project

The Family Planning Enterprise project was created in 1985 through a \$27 million contract between the Agency for International Development (A.I.D.) and John Snow, Inc. (JSI), in an effort by A.I.D. to incorporate in its family planning service delivery programs both the delivery channels and skills found in the profit-making private sector. The project was developed during the early and mid-1980s, when A.I.D. came to recognize that its own and other donor resources would not remain equal to the growing demand for services and that its population program could be strengthened by the addition of new resources. The project's inception coincided with broader A.I.D. efforts to work with the private sector but was by no means simply a response to that general policy emphasis.

The project also sought to increase the contribution of the non-profit private sector -- the large number of private voluntary agencies (PVO) and non-governmental organizations (NGO) that were directly providing services. Here the notion was that if PVO operations became more efficient, more people could be served more effectively.

Conceptually, four basic assumptions underlay the Enterprise project's creation:

- 1) that unmet demand for family planning services was outpacing public sector resources;
- 2) that the profit-making sector had skills and distribution channels that would serve to supplement existing population program efforts;
- 3) that an increasing number of citizens of A.I.D. recipient countries are part of the money economy and would be willing to pay for family planning services; and
- 4) that potential exists for incorporating family planning into existing commercial channels, which would not require long-term support by A.I.D.<sup>1</sup>

Nothing has happened since the project was formulated to discredit these original assumptions: It is still believed that demand is outpacing resources; that the profit-making sector offers valuable skills and distribution channels; that persons entering the money economy may be willing to pay for family planning services; and that some commercial channels may be able to provide such services without A.I.D. support.

### Conclusion

■ A.I.D.'s initial assumptions on which the Enterprise project rests remain valid and its efforts to use the private sector to provide family planning services remain appropriate.

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<sup>1</sup> These four assumptions are presented in the project paper and logframe, in the JSI contract, and are repeated in JSI semi-annual reports. See also JSI's "The Enterprise Program: Original Assumptions and Current Experience" (no date).

## 1.2 Project Objectives and Strategy<sup>2</sup>

### 1.2.1 Objectives

The Enterprise project purpose, as stated in the Project Paper, is "to increase the delivery and use of acceptable, affordable family planning services through the private sector."

The project was to encourage "private enterprise" approaches to family planning service delivery in two ways: through (1) a commercial (for-profit) component and (2) a PVO component.

#### The Commercial (For-profit) Component

This objective is summarized as incorporating family planning into existing commercial channels. The objective is to complete a series of subprojects that "encourage and assist businesses to provide family planning services in the marketplace." The two explicit emphases within this component are:

- a. Integrating the provision of family planning services into employee benefit plans.
- b. Integrating the provision of family planning products and services into existing profit-making commercial channels. Assistance in this area was to include subprojects for training, financial support, management and evaluation assistance, and the development of market-based procurement, distribution, and information and education systems. The suppliers in this marketplace that were expected to find it profitable to include family planning commodities or services among their sales include:
  - Medical personnel
  - Fixed-facility service-providers
  - Retail outlets
  - Contraceptive manufacturers
  - Financial providers

#### The Private Voluntary Organization (PVO) Component

The objective of this component is to "introduce or reinforce useful business skills into existing private family planning organizations, primarily private voluntary organizations (PVOs) based in LDCs [less developed countries]."<sup>3</sup>

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<sup>2</sup>This information, and citations, come from the Family Planning Enterprise Project Paper (especially pp. 1-2).

<sup>3</sup>PVO meant local NGOs -- non-governmental organizations, usually indigenous or specific to an individual country (in contrast to international and U.S.-based PVOs).



Activities to improve PVO business skills were to include:

- a. Developing and improving financial and human resource management systems; and
- b. Providing assistance in developing an improved economic base.

Subprojects were to be designed to expand PVO coverage through assistance in areas such as:

- financial analyses to decide among fee-for-service alternatives;
- logistical and accounting techniques; and
- designing personnel time management and incentive systems.

### 1.2.2. Evaluation Criteria

According to the Project Paper,<sup>4</sup> all proposed project activities "are designed to increase the delivery of family planning services." The end-of-project "objectively verifiable indicator" is described as "increased contraceptive use and prevalence attributable to subprojects" developed by Enterprise.

In the contract, however, this verifiable indicator has been dropped. Indeed, the contract overall is much less explicit about what the project should achieve, beyond meeting deliverables. In essence, only a small proportion of the substance of the Project Paper was carried forward into the contract. This situation leads to an overall issue concerning what the relationship should be between the Project Paper and the contract and whether the contractor should be responsible for objectives that are stated in the Project Paper and not explicitly set forth in the contract.

### 1.2.3 Activities and Outputs

The projected workplan for implementing the agreed upon activities was as follows:

Table 1					
Projected Workplan					
Activity	PY1	PY2	PY3	PY4	PY5
Subcontracts (80)	6	18	30	26	-
Technical Assistance	Total of 160 person months				
Workshops (10)	2	2	4	2	-
Training modules	3	-	-	-	-
Regional Advisors	0	1	2	2	-

The contract specifies that 1,545 total person-months of direct labor will be used to implement Enterprise project activities.

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<sup>4</sup>See Appendix K: Logframe

Both the Project Paper and contract specified that approximately 50 subprojects would be designed to assist family planning PVOs and that 30 subprojects would be designed to incorporate family planning into market-based commercial channels. Subprojects were to be of finite duration (averaging two years).

Both documents also specified that PVO activities should be initiated in at least 30 countries, and that market-based activities should be initiated in 18 countries. (It is not clear from either document whether this meant 18 of the 30 countries or just why either number of countries was chosen.) Regional distribution was to be in accord with FPSD's resource allocation plan, with some recognition that the project was likely to be more widely utilized in Asia than in Africa<sup>5</sup>.

#### 1.2.4 Contract for Project Implementation

A five-year contract agreement setting forth these goals and stipulated outputs was signed September 30, 1985 by the Office of Population, Bureau of Science and Technology and John Snow, Inc. (JSI) for an amount of \$27,016,355.<sup>6</sup> Three other firms were brought on as subcontractors: Birch & Davis Associates, Inc., Coverdale Organization, Inc., and John Short & Associates, Inc.

In January 1986, the Office of Population directed Enterprise to de-emphasize activities with PVOs and to focus more on for-profit firms. JSI's contract was amended in June 1986 to formalize the shift: the estimated number of subprojects was reversed to 50 subprojects in market-based commercial channels and only 30 subprojects with PVOs. This contract amendment also specified that workshops attended by more than 35 participants would qualify as two workshops.

The contract called for an external mid-term project evaluation, whose findings, conclusions and recommendations are contained in this report. Although this evaluation was conducted slightly latter than mid-point, this timing actually afforded a better opportunity to assess both actual achievements and the potential for impact (see Appendix A).

#### Recommendation

- 1(1)<sup>7</sup> S&T/POP should review the project design process and the resulting contract to ensure that the project objectives as written in the Project Paper are explicitly included in the contract.

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<sup>5</sup>Project Paper p. 20.

<sup>6</sup>Award/Contract No. DPE-3034-C-00-5072-00 between Agency for International Development and John Snow, Inc.

<sup>7</sup>Recommendations are numbered consecutively in each chapter. The number in parentheses indicates the chapter number. Recommendations in bold face are the principal recommendations in the report. A complete list of all recommendations is provided in Appendix G.

## 2. Design Issues

### 2.1 Project Conceptualization and Design by A.I.D.

While the project concept is a good one, the actual project design was very ambitious and the strategy proposed by A.I.D. for achieving the project purpose was all-encompassing. Rather than providing an action plan based on a clearly developed strategy, the Project Paper anticipated giving to the contractor wide latitude to explore opportunities throughout the private sector. Essential elements were

- The obligation to get something going in the private sector (or work with the for-profit sector, or transfer some of the burden of providing family planning services from the public to the private sector);
- The requirement to meet contract deliverables (especially the establishment of 80 subprojects); and
- Utilization of \$27 million.

Beyond this, it appears that A.I.D. was not clear as to what it really expected out of this project. The project seems to have little relationship with any overall well-defined set of A.I.D. objectives with the private sector. A contributing factor may be that A.I.D. seems not to have consulted outside private sector experts in designing the project. It relied instead on in-house staff, who -- although there was some A.I.D. experience with private sector programming (see Section 2.4.1) on which they could draw -- were themselves primarily family planning specialists.

### 2.2 The Design as Implemented by the Contractor

Because of its all-encompassing nature, the project design left much to be worked out during implementation. The assumption was that the contractor would take some initiative to develop appropriate strategies and that if it were found necessary to revise some of the initial premises and objectives in the process, the contractor should take the initiative to do this as well.

The contractor has made little effort to define strategies while it has been implementing the project. Rather, project management has proceeded to develop subprojects as quickly as possible, seizing targets of opportunity and making little effort to undertake evaluation of its efforts (see Section 4.3.1).

At the same time, it has deviated from the contract by accepting additional objectives from A.I.D.

### 2.3 Multiple Objectives

#### 2.3.1 List of Objectives

Neither party had a clear conceptual grasp at the start of what was expected from the Enterprise project, and little joint effort has been made since then to develop a coherent strategy informed by project experience. Instead, objectives and strategies seem to have evolved over time in response to a number of factors. Currently, nearly a dozen objectives are cited either in project documentation or in discussions with A.I.D. and project management. Among them are

1. Increase contraceptive prevalence and use,
2. Meet contract deliverables,
3. Introduce and improve management and business skills of PVOs,
4. Develop PVO sustainability,
5. Develop sustainability (in general),
6. Work with the for-profit sector,
7. Get new acceptors,
8. Transfer some of the family planning burden from the public to the private sector,
9. Find new ways to use the private sector to promote family planning,
10. Initiate new business ventures,
11. Be cost-effective.

Basically, most of these objectives are fine. A serious problem, however, is that contract deliverables are mixed with ultimate project objectives, thus apparently achieving the status of being ends in themselves rather than only means to achieving an end. This came about primarily because in implementation, the contract -- which said almost nothing about ultimate ends -- became the guiding document while the Project Paper and the specific objectives stated therein seem to have been set aside. A second problem is that priorities among these multiple objectives are not clear and consequently, contradictions and inconsistencies are inherent among them.

### 2.3.2 Evolution of Objectives

These objectives have developed in response to a number of factors, primarily 1) the ambitious nature of the project itself which, with two major components each with its own objectives, meant that inevitably the project would have multiple objectives; 2) on a policy level, A.I.D. began to put a higher priority on sustainable projects and cost-effectiveness; and 3) A.I.D. has had a succession of different CTOs to monitor the project, the first of whom stressed achieving deliverables quickly, the second who was more concerned with sustainability, and the third who brought to the fore issues of cost and cost-effectiveness.

The inclusion of sustainability and of cost-effectiveness as important project objectives has had considerable effect on how the project has been implemented.

#### Sustainability

At about the same time as the emphasis was switching to for-profit firm-based activities, budgets for population activities were shrinking and "sustainability" was arising as a theme and long-term goal for Office of Population projects. In the Enterprise project, sustainability had not been conceived of as an objective in the original project documentation: The closest mention of the concept was that self-sufficiency might be possible in the case of some but not all commercial-sector activities.<sup>8</sup> When the notion gained currency in A.I.D., the Enterprise project adopted it quite aggressively, developing and incorporating elements of sustainability in all its subprojects. The application of efforts toward sustainability was different for PVOs and for-profit subprojects:

- PVOs. Even before this development, the project had foreseen two quite different types of approaches for PVOs: 1) improving management skills to make PVO operations more cost-effective; and 2) introducing and increasing business skills to enhance income-generating capabilities. The focus on sustainability put a premium

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<sup>8</sup>See p. 13 of the contract, and p. 18 of the Project Paper.

on creating fee-for-service and other opportunities for fund generation, although it was still viewed as important to improve business skills.

- Employment-Based Subprojects. For employment-based subprojects, sustainability gave increased credibility to the existing tendency to establish subprojects with larger, better-established firms already offering medical services into which family planning could be incorporated.
- New Business Ventures. Like sustainability, there was no mention of New Business Ventures in the Project Paper. Nor was there any such reference in the first two annual reports. Following an address by the A.I.D. Administrator in January 1987,<sup>9</sup> however, the term began to appear in JSI literature.<sup>10</sup> The first reference was to "innovative approaches" to fee-for-service sale of family planning services. The creation of the concept was accompanied by an attempt to re-categorize existing Enterprise subprojects as new business ventures. This has continued, with the bulk of New Business Ventures really PVO sustainability subprojects and the remaining initiatives in the for-profit health-care market type and some research studies.

#### Cost-Effectiveness and Reduced Cost Per Acceptor

At the outset, A.I.D. did not seem to have been very concerned about subproject cost-effectiveness (i.e., costs per acceptor or costs per couple year of protection [CYP]). The shrinking budgets that had raised the banner of sustainability, however, also brought to the forefront issues of cost-effectiveness. It is true that Enterprise had seen reduced costs per acceptor as one of the ways that the efficiency and effectiveness of PVOs might be increased.<sup>11</sup> On the whole, however, this has not been a major concern of the project. On the other hand, A.I.D. continues to view this as a critical issue, indeed more important than sustainability.

At this point, these two areas of concern -- sustainability and cost-effectiveness -- appear to have achieved in either A.I.D.'s or Enterprise's view an almost co-equal status with increasing contraceptive prevalence as objectives that Enterprise is expected to achieve. Enterprise's performance in this evaluation is being judged from all three perspectives. At the same time, it is becoming increasingly apparent that increasing contraceptive prevalence will not serve as an objectively verifiable indicator to indicate whether the project purpose has been achieved. Under the best of circumstances, it is unlikely that significant increases in contraceptive prevalence could be achieved in five years, given the relatively pioneering nature of this project for A.I.D.

### 2.3.3 Contradictions among Objectives

The contradictions and conflicts among objectives may be making it difficult for Enterprise to develop measurable achievements in any single area. For example,

- Increasing contraceptive prevalence and getting new acceptors may be impossible to do cost-effectively, when what is involved is setting up a complete family planning service delivery unit in a small company with a small number of potential users.

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<sup>9</sup> Address by former A.I.D. Administrator, Peter McPherson, at the Cooperating Agencies Meeting, January 1987.

<sup>10</sup>JSI's third Semi-Annual Report.

<sup>11</sup>Enterprise second Semi-Annual Report, October 1986.

- Sustainability, if given too high a priority, could rule out involvement with subprojects that have great potential for increasing contraceptive prevalence but that could never function without some sort of external support. On the other hand, if subprojects are to continue to operate over the long term, the issues of numbers of acceptors (even if low), and costs (even if high) may diminish in importance.

- Cost-effectiveness was clearly not in keeping with the tone that had been set early on in the project, when all efforts were being directed to implementing as many subprojects as possible in as many places as possible in as short a period as possible.

- Accomplishing deliverables as a first priority, and quickly, tended to give a low priority to being cost-effective.

### 2.3.4 Learn Lessons about What Works

Although the Office of Population recognized it was moving into an area with which it was relatively unfamiliar, it did not design the project to encourage learning about what works best. Indeed, in the initial design, there was no statement that subprojects should be designed to learn how specific approaches work. Taking its cue from A.I.D., Enterprise has not proceeded in a methodical way that involves testing different approaches and evaluating each for their effectiveness with respect to the various goals that the project has been pursuing.<sup>12</sup>

In retrospect, this omission appears to have been a serious deficit in the project design. Perhaps the real objective should have been to learn which private sector approaches can be most successful and under what circumstance, and only then, to begin investing resources in those approaches most likely to give significant, cost-effective results.

### Conclusions

Neither A.I.D. in designing the project nor JSI in implementing it have developed a clear specification of the overall project objective or a strategy for achieving it. The priority among objectives should have been resolved by program management and A.I.D. in project year one. Instead, over the last three-and-one-half years, the program has accepted new objectives from A.I.D. until today it is being asked to accomplish too many things, some of which cannot logically co-exist with each other.

In their haste to establish a track record of deliverables, neither A.I.D. nor Enterprise staff has exploited the potential offered through the project to learn what approaches work best in the private sector for expanding family planning use and under what circumstances. If a systematic approach had been designed and followed in answering this question, greater insight could have been gained into the use of the private sector in providing family planning services.

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<sup>12</sup>Generally speaking, A.I.D. in recent years has given laudable emphasis to identifying "lessons learned," although usually only retrospective lesson learning, which often captures only a few random lessons. With general A.I.D. priority being placed on service and action projects rather than on research, project designers do not typically think about prospectively designing projects, including service delivery projects, in such a way as to ensure that they will provide information for better project design in the future.

## **2.4 Other A.I.D. Efforts in the Private Sector**

### **2.4.1 Background**

A.I.D. began working with the private commercial sector during the early 1970s when it initiated the Contraceptive Retail Sales (CRS) and Contraceptive Social Marketing (CSM) programs. A.I.D. has also, as part of various projects, sought family planning acceptors via for-profit firms, for example, by providing support for employment-based family planning service delivery, including community-based distribution (CBD) and IEC (information, education and communication) activities. The largest of these efforts is the centrally funded Social Marketing for Change (SOMARC) project, which supports CSM programs worldwide. Other smaller efforts have taken place on an in-country basis.

### **2.4.2 Enterprise Relationship to Other S&T/FOP Projects**

Currently, in addition to Enterprise, A.I.D. has two projects whose objectives are to stimulate private sector family planning activities: SOMARC and the Technical Information on Population for the Private Sector (TIPPS) project. A third project, the Family Planning Management Training (FPMT) project, has a private sector component designed to improve the management of non-profit family planning organizations and PVOs. There is considerable overlap among these projects with respect to both activities and goals, although, intentionally, the overlap is greatest between Enterprise and TIPPS.

TIPPS. TIPPS and Enterprise were expected to be complementary and to collaborate together to achieve essentially the same goal: to involve profit-making companies in providing family planning services. The idea was that TIPPS would develop demand for family planning programs and that Enterprise would follow up by helping supply the support needed to develop the program. Thus, an essential difference between the two programs is that the Enterprise project has funds for seed money (subsidies)<sup>13</sup> to be used to set up service delivery activities, while TIPPS does not. This has made Enterprise more flexible, but also more expensive.

The TIPPS' approach is to appeal to commercial enterprises and employment-based benefit programs to undertake family planning activities on the basis solely of the financial and health benefits that are expected to accrue from family planning use by employees. In contrast, Enterprise is supposed to ensure that commercial enterprises are able to provide the contraceptives and therefore, it can offer subsidies (technical and financial assistance) in cases in which the direct financial returns to the firms were not sufficient to entice their participation.

The envisaged collaboration that was expected to flow from these complementary designs has not materialized. Instead, Enterprise has developed its own version of the TIPPS demand-generation cost-benefit approach. Limited collaboration between the two programs is reported within the three countries where both projects operate (Mexico, Nigeria and Zimbabwe), and there may be a few joint activities elsewhere, but overall the cooperation is far less than had been envisaged by A.I.D.

SOMARC. From the start, A.I.D. seems to have been more apprehensive of the potential overlap between Enterprise and SOMARC and has warned Enterprise not to develop programs that deal solely with provision of marketing assistance to marketers of contraceptives, since this is the role that has been carved out for SOMARC and other CSM programs. On the

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<sup>13</sup>"Seed money" is the term used by A.I.D. for funds provided to subprojects to support activities, whereas the term used by economists to describe this financial support is "subsidy."

other hand, in some instances, Enterprise and SOMARC have been able to collaborate. In Zimbabwe, for example, the two have worked together to provide commodities for their subprojects.

FPMT. The FPMT overlap with the Enterprise relates to Enterprise's other main component -- strengthening PVO management -- and again, the roles of both programs are largely similar. Both are expected to assist PVOs manage their operations more efficiently and cost-effectively. A.I.D. seems initially not to have been concerned about this redundancy, although now it has raised the question whether there is a need for two projects that are doing the same thing.

### Major Conclusions

■ The project design was very ambitious in terms of the objectives set forth. Neither A.I.D. in the Project Paper, nor JSI in implementation, developed a clear specification of the overall project objective and the strategy for achieving it. Objectives were added in the course of implementation and no effort was made to sort out contradictions among them or to set forth priorities. The result has been problems in project implementation. In addition, some objectives that would have been appropriate -- in particular attempting to learn lessons from project experiences -- seem to have largely been overlooked.

■ A.I.D. has other projects working in the private sector, and the overlap has been particularly questionable with respect to the PVO component.

### Recommendations

- 1(2)      **The objectives of the Enterprise project, and the priorities among them, should be made explicit and clear by A.I.D. (in consultation with JSI). A.I.D. and Enterprise should agree on the best strategy for achieving the priority objectives and amend the contract as necessary (see Recommendation 11[8]).**
- 2(2)      **A.I.D. should consider establishing, if feasible, a "Private Sector Family Planning Technical Advisory Group" (or group with some similar name), consisting of experts from outside A.I.D. who can advise S&T/POP on private sector programming issues. The intent would be to provide guidance not just for Enterprise, but also TIPPS, SOMARC, and other projects and programming related to the private sector.**
- 3(2)      **Learning which private sector family planning approaches will be successful and under what circumstances should be a major objective during the remainder of the project.**
- 4(2)      **Enterprise should follow up and expand on current initiatives to collaborate with TIPPS and other centrally funded projects. S&T/POP should devise strategies and incentives to encourage greater collaboration among its contractors.**



### 3. Overall Performance and Strategy

#### 3.1 Meeting of Contract Deliverables

JSI is on, or ahead of, schedule in meeting most of the quantified target deliverables specified in the A.I.D.-JSI contract. Enterprise staff have worked hard to achieve this body of activities, many of the individual staff have performed well in doing so, and many of the resulting products are good ones from which both the project and A.I.D. can learn a great deal.

The contract deliverables and progress to date in achieving them are listed below in Table 2.

Table 2

Summary of Enterprise Deliverables

ACTIVITY	CONTRACT	ACTUAL (as of 1/89)
Level of Effort	1545 person months	940 person months
Subcontracts	80	62 (41 employee-based, 9 PVO sustainability and 12 new business ventures [see Appendix E, Table E1])
Technical Assistance	160 person months	130 person months
Workshops	10	7 (5 total - two workshops had over 35 participants which counts as two workshops.)
Training Modules	3	2
Regional Advisors	5	2 (two offices with a regional advisor and a program associate)

#### 3.2 Implementation Strategy: Country Selection and Programming

##### 3.2.1 Country Selection

Given the lack of clarity in the Project Paper with respect to the number of countries that were to have Enterprise subprojects (30 or 48 see Section 1.2.3), Enterprise project management acceded to A.I.D.'s encouragement to work in as many countries as possible. As a result, Enterprise activities have taken place in 41 countries, with subprojects having been initiated

in 27 and technical assistance or assessments having been provided in an additional 14. Although Enterprise management is currently making a greater effort to return to selected priority countries (e.g., Thailand and Honduras), they consider it a matter of pride that the program is operating in 41 countries.

Issue. From the perspective of ultimate impact, the strategy of establishing subprojects wherever possible is highly questionable. In many countries, there is only one subproject and even in those countries where there are three or four (e.g., Philippines and Zimbabwe), the Enterprise project sphere of activities is very limited relative to the large population and the wide array of existing private sector activities. In general, Enterprise project resources are spread thin, putting a great burden on project management and limiting opportunities both to initiate more experimental approaches and to develop a critical mass in-country that would adopt the Enterprise approach and encourage its implementation on a wider scale.

### 3.2.2 In-Country Programming Strategy

Before establishing a subproject, the Enterprise project typically carries out in-country needs assessments. These, however, have consisted mainly of identifying receptive companies rather than in-depth exploration of the existing infrastructure of family planning service providers and of the overall private sector. Granted, such full-fledged surveys were not called for in the project design. Moreover, these investigations can be time-consuming and may require types of expertise that were not available on the Enterprise staff. A needs assessment approach involves assessing the total needs of the country and how the sectors (public, private for-profit, and PVO) can cooperate and coordinate to fulfill family planning objectives. Because it did not make the effort to carry out such studies, Enterprise has only a limited knowledge of the family planning and private sector infrastructures in countries in which it now works.

With respect to other providers of family planning services, Enterprise cannot, within any country, give a clear overview of the sections of the population that might be covered--for family planning purposes -- by the government, PVOs, private employers, and commercial health-care providers. It may never be possible to do this with full accuracy. Nevertheless, a strategy aimed at achieving greater impact within individual countries would include this as a central element in developing a country strategy.

With respect to commercial enterprises operating in a given country, the project has no clear and detailed segmentation of the private sector. It tends to view PVOs, private employers, and commercial health-care providers all in one category of "Private Sector." This is too crude a distinction. Within the business world, it has not adopted commonly used "standard industrial classifications" (SIC) -- agriculture, construction, transportation, manufacturing, wholesale, retail, financial services, etc.<sup>13</sup> Moreover, with regard to private employers who might include family planning in their employee benefit plans, JSI seems to have produced no clear analysis of the different types of firms by size (number of employees) or types of employees (i.e., male/female, white-/blue-collar), although the Project Paper had made such distinctions among private health care providers and marketers.

Because Enterprise has overlooked the initial opportunity to explore the family planning and business terrain in the countries in which it works, today the project does not really have individual country strategies. What are presented as country strategies are in reality just descriptions of the subprojects that have been initiated, not plans for achieving country-specific objectives.

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<sup>13</sup>A.I.D. itself makes similar distinctions--e.g., agriculture, forestry, etc.

### 3.2.3 Summary of Overall Project Performance

The Enterprise project can be credited with a number of achievements. In many countries, Enterprise staff have established good working relationships, good name recognition for Enterprise, and a positive attitude toward "the Enterprise concept." Workshops staged by Enterprise have helped spread the concept and some businesses have expanded provision of services using their own funds. In Zimbabwe, an umbrella organization has been established that may serve to institutionalize the Enterprise concept at the national level. Enterprise has many good subprojects; 42 are service delivery projects in which many personnel seem quite dedicated and services appear of high quality. Some subprojects are quite innovative, with good potential for self-sustainability. Links being forged between PVOs and commercial enterprises are particularly promising in this regard. Likewise, PVO sustainability subprojects are stimulating interest in management skills and income generation. Numerous USAID missions praise Enterprise for useful technical assistance provided.

Because these subprojects are mostly very young, geographically and conceptually scattered, and many quite experimental, in aggregate, the project cannot yet be given credit for an impressive track record in increasing prevalence, providing services cost-effectively, or achieving sustainability. What it has been able to achieve, and what it has not, is described below:

- Increasing Prevalence. Overall a total of only 250,000 new acceptors (new, continuing and transfer) are projected by the project's end from the 42 Enterprise service delivery subprojects (see Table 3). This is a small number in the context of 62 subprojects and a \$27 million budget. Mitigating factors are that the universe of potential new acceptors may not always be large (e.g., some businesses may be quite small); that five years (or less) is a short time to reach all potential family planning users in any universe; and that the A.I.D.-prepared contract does not include increases in prevalence as an "objectively verifiable indicator" of project success (see Section 1.2.2).

- Cost-effectiveness. Cost-effectiveness was not a priority in project design or early implementation and family planning service delivery subprojects were set up with the full knowledge that the cost per acceptor and cost per CYP would be quite high. Costs projected on the assumption that targets will be reached average \$19.50 for 32 employment-based family planning service delivery subprojects and \$11 for eight PVO and new business venture subprojects combined. Subproject development and monitoring costs are also high, due to the project's centralized management structure (see Chapter 7).

It appears that with respect to cost-effectiveness of PVO operations, the Enterprise project has been effective in assisting subprojects to streamline operations, but that it is treading in more questionable terrain when it has tried to assist PVOs to generate new funds. In general, financial problems of PVOs appear beyond the resources of Enterprise.

- Sustainability. Enterprise should be credited with having made a concerted effort to ensure that activities it has helped start do not lapse when its funding and involvement terminate. Naturally, it is impossible to predict what will happen in the future. Enterprise's concern in this area, however, deserves recognition.

Its most impressive efforts to achieve sustainability have been in the realm of fostering arrangements through which PVOs and businesses develop partnerships, with PVOs marketing their expertise in service delivery to commercial enterprises that want to provide services. Using this approach, Enterprise has developed more than 20 potentially self-sustaining arrangements that should eventually need no external support.

- Cost Transfers. An important objective for the Enterprise program was to see how far it was possible to transfer the cost of family planning service provision from the public to the private sector. The project has shown the potential for such transfer, but insufficient information is available to assess its impact in this respect.

- Diffusion of Enterprise Concept. There also appears to be some indication that private sector involvement in family planning is increasing due to the example of the Enterprise program. For example, in Zimbabwe four additional companies have expressed an interest in initiating or expanding their family planning services in response to the examples set by the subprojects developed by Enterprise in that country. Furthermore, several of the larger companies that have received Enterprise support have increased family planning services within their own corporate infrastructure. In Mexico, the Gamesa corporation, after seeing the positive results of three one-year Enterprise subprojects, has decided to expand its family planning service delivery model from three to 14 of its companies at its own expense. Since the termination of Enterprise assistance, Gamesa has also decided to continue the family planning program in each of the original project factories and to pay the local PVO, Prosuperacion, between \$500-1,000 per project per month for its assistance in implementing these programs. This generates considerable additional income for Prosuperacion.

In another instance, at Lonrho in Zimbabwe, in addition to the mining division in which the Enterprise subproject was already under way, the corporation initiated a new policy to provide family planning services to employees in all other company divisions -- textile, automobile, and agriculture. Again, in Nepal, the Secretary of the Federation of Chambers of Commerce is organizing a meeting of the Federation's members to promote the employee-based family planning services model implemented by Enterprise with the Nepal Janakpur Cigarette Flower Growers Association.

Elsewhere, Enterprise-sponsored workshops have spawned independent Enterprise-type family planning efforts with no infusion of project funds. TIPPS and Enterprise held a joint luncheon workshop to present the health and finance benefits of a family planning program to 32 local CEOs. Seventeen of them immediately registered their firms' medical personnel for the subsequent "how-to" seminar.

- Institutionalization. In some countries, the Enterprise approach is beginning to be institutionalized at the national level. Particularly in those countries in which it has had several subprojects, Enterprise has made a considerable effort to foster a climate of opinion that accepts and supports the Enterprise approach. Although this was not an explicit objective of the program, it has proved to be an important implicit one. In both the Philippines and Zimbabwe, a considerable amount of "diplomacy" and behind-the-scenes work with government agencies and other bodies has been necessary to prepare the ground for launching and sustaining Enterprise projects. Without this wider support, it would have been more difficult to establish and sustain projects. Private firms in particular would not readily pursue a family planning policy that did not have governmental support and organizational backup from governmental and PVO agencies. Working in a very pragmatic way, however, Enterprise staff have done a good job of creating a consensus within a country to support their project initiatives.

The sustainability of these individual efforts, and the partnerships that have been formed, will depend ultimately on the continued willingness of the government or other groups to keep the new approaches alive once Enterprise funding ends. That willingness is being demonstrated in some places. In Zimbabwe, for example, such a start may have been made. Here, the experience of working with Enterprise (and other private-sector initiatives such as TIPPS) has led the Zimbabwe National Family Planning Council (ZNFPC) to create a coordinating committee for its private sector activities. If in time this were to become a permanent unit that develops,

funds, and sustains private sector work in harmony with public sector activities, a real institutional breakthrough would have taken place.

In short, cabled responses to this evaluation questionnaire suggest that around the world, the Enterprise approach is being welcomed. It is seen as timely and appropriate following work pioneered by others such as the ILO and some developing country governments and there seems to be genuine interest in many developing countries and USAID missions in the success of the Enterprise approach.

The generally enthusiastic response to the Enterprise approach, through new for-profit PVO partnerships, through imitation by example, and through the potential for shifting the role now played by Enterprise to an in-country entity, all provide the basis for optimism with respect to the contribution that could be made by a well-designed A.I.D. project in the private sector. Granted, the implementation of the Enterprise project to date has been far from trouble-free. For the problems that appear to dominate the following chapters on subproject implementation and management, the responsibility must be shared equally between A.I.D. and JSI. Furthermore, the subprojects developed to date represent a wealth of raw data that should provide the needed basis for a far better structured project in the future.

#### Major Conclusions

- JSI is on or ahead of schedule in meeting most of the quantified contract deliverables.
- Particularly in the area of increasing prevalence, the overall impact of these deliverables is not likely to be significant. The reason lies partly in Enterprise's having spread its resources very thin; the program has subprojects in 27 countries and has provided ad hoc technical assistance in 14 more.
- The Enterprise project does not really have individual country strategies based on a clear and detailed segmentation of the private sector. What the project presents as strategies are in reality just descriptions of the subprojects that have been initiated rather than strategy for achieving country-specific objectives.
- A few subprojects show promise of being sustainable.
- Private sector interest and involvement in family planning has increased due to the Enterprise Program. In some countries, governmental interest in promoting family planning through the private sector has also been stimulated by Enterprise.

#### Recommendations

- 1(3) The Enterprise contract should be amended to reduce the target number of subprojects. Enterprise should consolidate its activities in fewer countries, rather than expand to new ones. It should not initiate subprojects in any country in which it does not already have a subproject under way.
- 2(3) To sustain the Enterprise approach, a clear objective should be to help create within a country the political climate and administrative systems that support and sustain private sector involvement in family planning.
- 3(3) To institutionalize the Enterprise approach at the national level, Enterprise should analyze and document its experience with the various national policy issues it has encountered implementing its work. This material should be used as a basis for developing policy objectives to be included in the design of a follow-on project.

## **4. Employment-Based Subprojects**

### **4.1 Overall Profile**

About two-thirds of the subprojects undertaken to date fall in the category of employment-based activities. The project had called for initiatives of two kinds in this category (integrated services into health care markets and employee benefit plans), but in implementation, the focus has been on employee benefit plans (see Section 6.3 for discussion of health care markets).

Of the 42 subprojects undertaken, 34 are considered service delivery subprojects. The others are for research and analysis or IEC. In essence, the employment-based service delivery projects are very similar to all other family planning service delivery projects, be they of governments or of PVOs. In all cases, the common element is the provision of services, including information and commodities, by trained personnel, clinical and other, to a designated population. The main difference lies only in who provides the service.

The typical subproject in this category is a commercial company with an on-site clinic that provides family planning services in the context of other health services. In addition, services may be provided in a variety of ways outside the worksite (mobile clinics, referral, or community-based distribution [CBD]). Enterprise's contribution has been to provide funding for knowledge, attitudes and practices (KAP) studies, IEC activities, training, equipment, management information system (MIS) development, salaries, technical assistance, and research.

Most of the subprojects are with plantations, mines and manufacturing companies, most of which have a sense of social responsibility and existing commitment to worker welfare. Manufacturing is beginning to receive the attention it deserves in countries like Thailand the Philippines and Mexico. There is, however, a strong tendency to limit initiatives to firms that employ (in the case of the Philippines) more than 600 employees. Retail has one service delivery project, but construction, transportation, telecommunications, utilities (which are often parastatals) and other major areas of rapidly growing employment are not represented.

### **4.2 Accomplishments**

All companies that responded to questionnaires sent to subproject management in conjunction with this evaluation (see Appendix C) indicated positive effects associated with Enterprise-supported family planning programs. Many pointed to benefits for the company itself: a reduction in the number of clinical visits (for pregnancies, sexually transmitted diseases [STDs] and occupational injuries), a reduction in absenteeism, an increase in productivity, and more acceptance of family planning by company officials. The Guthrie Plantation subproject reported that the program "reduced labor disputes, improved employee morale, made the environment in the camps more pleasant, and provided a greater sense of community within the plantation as a whole." The National Investment Fund declared that the introduction of family planning services "increased work productivity, harmony and well being in each working family."

Another reason that family planning programs were viewed favorably arose from their positive effect on employee attitudes. Respondees noted greater awareness, acceptance, and increased demand and use of contraceptives as a result of the program. The Friquia Society subproject reported that following the launch, workers publicly authorized the company to provide contraceptives to their wives and daughters even if they did not accompany them to the clinics. This signalled a significant change in attitude toward family planning.

Some respondents put family planning programs in the broader context of the general social good. Friquia saw them as a means of "monitoring the social responsibilities of the company...and of improving the image of the company." The Guard Group project indicated that "family planning programs act as catalysts to promote family planning in their villages."

Most of the companies indicated that they would be likely to continue their programs once funding had terminated. Those that were not sure indicated that continuation would depend on employee motivation, availability of resources and results of cost-benefit studies. (In fact, the continuation and quality of all the programs initiated, revived, or upgraded by Enterprise will depend on these same factors.)

### **4.3            Issues with Respect to Portfolio**

#### **4.3.1        Background**

When the Enterprise project began, it was entering a field that had already been explored for more than two decades. In particular, ILO (with UNFPA funding) had developed a substantial portfolio of companies that were already providing services to their employees. The ILO approach was more low key than the Enterprise--focusing mainly on population education -- and a number of ILOs' activities had lost their initial impetus.

Given A.I.D.'s concern that subprojects be established quickly, Enterprise staff tended to seize these and other existing targets of opportunity. Indeed, 12 out of 15 questionnaires indicated that companies were already providing some form of family planning services, although half of these pointed out that the services were limited and low-profile. Seven of the 12 reported that prior funding, technical support or contraceptives had come from a donor or local family planning organization, e.g. ILO/UNFPA, government, FPAs, or FPIA, and five stated that all costs were borne by the company.

#### **4.3.2        Enterprise Rationale and Consequences**

Enterprise project staff justify their approach on the grounds that it was necessary to establish credibility in individual countries before taking the next step -- moving into commercial market-based channels or developing innovative business ventures, which were considered more risky and difficult to implement. Since Enterprise has tended to go into new countries rather than returning to the same country, it has given itself few opportunities to explore those innovative business ventures. Thus, the majority of Enterprise activities are still in the more obvious employee-benefit programs.

Another issue is that in some cases, Enterprise may not have been rigorous enough in determining whether companies actually needed the financial support provided through the subcontract. A.I.D. did not provide any guidelines as to which kinds of private firms should be provided financial assistance and which should not (other than the Office of Population's preference that contracts not be drawn up with multinationals, presumably on the grounds that A.I.D. should not be bearing costs that translate into financial savings for these large and generally prosperous organizations). Furthermore, neither A.I.D. nor Enterprise had the kind of experience that enabled them to analyze whether companies would be in a position to fund family planning services out of existing revenues.

## **4.4      Company Motivation for Involvement in Enterprise Project**

### **4.4.1      Overview**

The Enterprise project motivates companies to enter into subcontracts through two approaches: 1) provision of funding, to cover costs of service provision and 2) cost-benefit analyses, to demonstrate to companies the savings they can expect if they provide these services to employees. It is difficult to disentangle these elements in any analysis of why companies become partners of Enterprise, but it seems in most cases that initial funding is the deciding factor.

In the case of the companies that responded to questionnaires, this certainly was true: Most already had initiated family planning programs, and therefore they had no need to be persuaded of their value. These companies, however, welcomed Enterprise funding as an effective way to upgrade and/or improve their existing family planning activities. Only two indicated that cost-benefit analyses were needed to convince employers to begin programs (CIS and Bolivia subprojects).

### **4.4.2      Appropriate Role and Level of Subsidies**

Just as the project has no specific guidelines as to which countries should receive subsidies, it also has no rule of thumb on the level of funding that should be provided other than an average of \$100,000 per subproject (see Section 7.4.3). Most of these grants have gone for KAP studies, training and IEC work, but a few have covered short-term recurrent costs and some have provided funding for computer purchases. In the main, the funds serve to cover high start-up costs for activities that a company would find hard to justify, not knowing what the risks and long-term outcomes might be. In addition, they play a broader role, specifically:

- They are a tangible expression of a shared involvement in what can be a politically sensitive issue.
- They enable Enterprise as a partner to set the context and standards for the program.

Because there are no guidelines, the level of funding becomes a matter of professional judgment. Too much money denies the opportunity for the company to take "ownership" of the project and could potentially undermine the longer term sustainability of the project by hiding its real costs from the company. Too little will mean the project may not be started. In some projects Enterprise seems to have been somewhat generous in cash and computer support. In particular, there is some question whether the project should be funding computers for large companies such as Benguet, Guthrie, and Firestone, which would appear to have resources to purchase such hardware and which may not be utilizing them appropriately (e.g., in the Benguet Gold Corporation, no one had been trained to use an A.I.D.-funded computer).

### **4.4.3      Cost-Benefit Analyses<sup>14</sup>**

The Need. The message that providing family planning services should result in cost savings is certainly key to any company's decision to enter into an Enterprise subcontract. It has

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<sup>14</sup>Essentially, Enterprise's financial analyses are firm profitability analyses. Actual cost benefit analysis (CBA), in contrast, is designed to consider all costs and benefits, including social, so that projects can be evaluated for which private benefits and private costs are significantly tempered by social benefits or costs.



not always been necessary, however, to carry out a cost-effectiveness study of its own operations to convince company officials of this. It may be enough just to cite examples of other companies in which the approach has been successful. For example, several of the respondents to the questionnaire indicated that they had decided to enter a subcontract simply on the basis of an Enterprise-sponsored workshop touting the value of employment-based services (see Chapter 6). Indeed, many of the private sector managers appear to have been impressed by the discussion of the financial benefits of family planning, but seemed very skeptical of the attempt to quantify such benefits exactly. A hypothetical example of the probable small costs of a family planning program and the possible (feasible) large financial benefits to the firm would probably serve the same educational purpose at a much smaller cost in time and effort. The Population Center Foundation (PCF) in the Philippines, for example, has found it adequate in introducing managers to the idea of industry-based family planning to give them a small, attractively designed pamphlet which summarizes savings realized by a (real) local garment manufacturer who provides family planning services to his employees.

Technical Analysis. Technically, Enterprise's efforts at cost-benefit analyses can be faulted for a number of methodological errors. Enterprise and TIPPS had been expected to collaborate in this complex area, which was to be far more central to TIPPS' activities than to Enterprise's. Enterprise has not taken advantage of TIPPS' experience and expertise in this area. Perhaps, if it had, its analysis methodology would have been technically more professional.

Enterprise's cost benefit methodology is technically incorrect.<sup>15</sup> According to Price Waterhouse in Zimbabwe, the estimate of costs is flawed in three ways: (1) the use of average costs rather than marginal costs is technically incorrect and may lead to overestimates of costs; (2) there is a mistake in the total cost of pregnancies equation; and (3) total costs of the project to all who pay (A.I.D., other funders, and the firm) must be included in the costs analyzed. Handling of fixed as opposed to variable costs is also questionable. An attempt to compare the Enterprise methodology to one used by Price Waterhouse of Zimbabwe found Enterprise's methodology resulted in an estimate of net benefits of over three times those estimated by the Price Waterhouse method.<sup>16</sup>

Other problems serve to make incorrect the actual equations presented in Enterprise's summary of the cost-benefit analysis. The total savings equation, the total cost of pregnancies equation, and the births averted equation are all incorrect for various reasons. (A more detailed technical discussion of the Enterprise approach to cost-benefit analysis, together with recommendations on more appropriate methodologies, is presented in Appendix C.)

A final problem is that short-term evaluations (2 and 3 years) of long-term projects can lead to seriously misleading conclusions, as one of two things can happen: Either the benefits may last many years into the future, or efforts may lag after the early period of exuberance and concerted effort.

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<sup>15</sup>The following analysis was undertaken by Price Waterhouse of Zimbabwe, a firm being used by the Enterprise project as a consultant. The Price Waterhouse approach has the same serious shortcomings as does Enterprise with regard to sorting out new acceptors from true first time users. Price Waterhouse staff are aware of this problem. This issue aside, however, when Price Waterhouse tried to use the Enterprise methodology, it found it could not do so: the method was not mathematically calculable.

<sup>16</sup>This calculation involved necessary assumptions made by Price Waterhouse even to get the method to be mathematically calculable.

In short, Enterprise's use of the term "cost-benefit" is misleading and its "cost-benefit" analysis design is faulty. Thus, these analyses have little value except as public relations tools. Enterprise staff appear to agree that public relations is the prime value of these analyses.

#### 4.5 Assessment of Subprojects According to the Three Project Objectives

The following analysis will look at the effectiveness and impact of employment-based subprojects in terms of 1) effectiveness in increasing contraceptive prevalence; 2) cost-effectiveness; and 3) sustainability.

##### 4.5.1 Effectiveness in Increasing Contraceptive Prevalence

Projected Acceptor Targets. For each subproject, Enterprise, in collaboration with the in-country company, calculates projected acceptor targets for the full period for which the subproject is funded (usually two years). The project total for the 42 service delivery subprojects (34 of which are employee-based) is very low (see Table 3).

Table 3

#### Enterprise Acceptors and Expenditures for Service Delivery Subprojects

	<u>Employment-based Subprojects</u>	<u>Other Service Delivery Projects</u>	<u>Total</u>
1. Total number of service delivery subprojects	34	8	42
2. Total projected acceptors	125,300	128,634	253,934*
3. Average projected acceptors per subproject	3,700	16,100	
4. Range of number of acceptors projected in subprojects	(220 - 29,000)	(450 - 45,000)	

\* Total number of acceptors does not include the 277,500 projected beneficiaries of the HIO subprojects in Egypt, because technically these acceptors do not receive family planning services from an Enterprise subproject.

Source: Enterprise Cost-Effectiveness Analysis, January 1989.

Lack of Data on Contraceptive Acceptors, Users. At present, a total of only 67,900 actual acceptors have been reported from Enterprise's 42 service delivery subprojects. Thirty-four employment-based subprojects have attracted only 9,000 users to date compared with 58,900 for the eight PVO and NBV service delivery subprojects.

Although Enterprise is making an effort to collect data on acceptors, but for reasons common to many LDC service delivery projects, these data are often of questionable value. At the field level, Enterprise has designed two record systems for use in its subprojects: the Daily Clinic Log and Periodic Progress Report. On the basis of these reports, Enterprise staff complete Enterprise's subproject Quarterly Service Statistics form. Submission of the field reports, however, is often problematic in terms of promptness, completeness, and accuracy of the material available because, typically, clinic and field staff who collect the data have varying background, expertise, and

inclinations. This constraint must be accepted. It would be counterproductive to put excessive pressure on these staff, none of whom are even Enterprise employees.

A second constraint associated with collecting acceptor statistics is that some companies do not keep this information, while others have their own reporting systems which do not necessarily conform with the Enterprise data requirements. Some (perhaps many) firms use forms developed by the national government program, and often these do not require all the data that Enterprise forms request. Enterprise is to be commended for having made the decision that it is better for such firms to stay with the nationally accepted reporting form.

It is of considerable concern, however, in assessing these data that in most cases, no distinction is made between new acceptors, transfer acceptors, or continuing users. As a result, it is difficult to determine what impact the Enterprise project has had either in increasing contraceptive use or in transferring the burden of service provision from the public to the private sector. This becomes more of a problem in those firms that were already providing family planning services prior to Enterprise, which appears to be the norm.<sup>17</sup> There is virtually no information available regarding drop-out rates for the same reasons.

Even in those cases in which new acceptor and transfer acceptor data are available, the definitions used by the different organizations are not fully consistent. Even though Enterprise has defined these terms, they have been given different interpretations in the field (as is probably inevitable). For example, in some subprojects "new acceptor" refers to a new user of a company's facility, not necessarily a new family planning user. In another subproject, a transfer acceptor might be a person transferring from an earlier company program instead of from other public or private programs. In still other cases, "new acceptor" means a previous user who has changed to a new method.

Several other definitional problems add to the difficulty of ascertaining a correct number for acceptors:

- No distinction is made between subproject start-up and service delivery start-up dates; therefore there is no way of knowing how long services have been provided;
- The number of acceptors is cumulative and not broken down by year;
- Data collection dates show wide variation; and
- Subprojects providing only a portion of the services needed to run a family planning operation are given the same credit for acceptors as are those that provide the full range of services (see Section 3.5.2 for fuller discussion of costs).

A final problem is that most of the subprojects are so new that there are not enough data available. Of the 42 service delivery subprojects, 21 are less than a year old; many have been collecting acceptor data for only a few months. Thus the data that are available are not reliable or adequate for judging impact. In most cases, at least one if not two years of service provision will be required before subprojects can report any regular, reliable patterns. Some subprojects (e.g., the Topform company in the Philippines) experience an initial surge of enthusiasm and new acceptors promptly after the first substantial Enterprise inputs. In contrast, other subprojects have begun but not yet "taken off" (e.g., BAT in Zimbabwe).

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<sup>17</sup>For example, in most of the subprojects in both the Philippines and Zimbabwe, most of the so-called "new acceptors" were simply new to the facility keeping records.

In short, because of the difficulty in data collection, particularly in new subprojects, it may have been optimistic to expect that Enterprise would yield data that would demonstrate that contraceptive prevalence would increase as a result of project activities at this stage.

Other Indicators of Effectiveness in Service Delivery. Although increasing contraceptive prevalence must be the ultimate goal of any family planning service delivery project, whether or not a project will actually work will depend on whether its components -- training, service provision, IEC, motivation, infrastructure development, and so on -- are the appropriate ones, and whether they are being implemented effectively. In the Enterprise project, the emphasis does not seem to be on documenting the quality of training, IEC, etc., nor is there any systematic effort to record the instances in which the success of one family planning effort results in self-starting efforts elsewhere (spin-off effect). In mature programs, service statistics can be fairly dependable indicators of potential impact. Because Enterprise subprojects are generally very young, however, information on prevalence is not yet indicative of subproject effectiveness. Therefore another way to predict effectiveness is to look at the interim indicators of quality of inputs and of spin-off effects. For example, during the evaluation, it was possible to examine two aspects of the service delivery subprojects: the implementation of knowledge, attitudes and practices (KAP) studies and actual quality of service delivery.

KAP Studies. With respect to KAP studies, Enterprise has built into the design either pre- or post-KAP surveys for a large number of subprojects: 32 pre-project KAP surveys and 20 post-project KAP surveys. These surveys are to be used (1) to test for changes over time and (2) as a tool for refining a subproject's design and implementation.<sup>18</sup> Most employment-based subprojects (11 out of 16 responses) appear to use these surveys primarily for the second purpose, to improve some aspect of the project. For example, Benguet indicated the findings would be used to help develop IEC materials and design training programs. Headquarters, however, appear to view KAP surveys more as an evaluation tool, and in some cases KAP surveys have been completed too late for use in designing other subproject activities (see Appendix G for details on eight KAP surveys from five countries that were reviewed in detail).

At present, it is too early to judge whether change will take place in knowledge, attitudes, and practices of these firms' employees since most of the studies took place only recently (most were conducted in 1988). Chief executive officers, personnel managers, labor union officials, and medical directors of private firms implementing Enterprise employment-based subprojects in Zimbabwe and the Philippines were enthusiastic about these KAP studies for the understanding provided them about employees' family planning habits. These studies appear to touch a real spark with some of these private-sector decision makers, many of whom declare they have an instinctive feeling that offering family planning is important but had not previously been exposed to the complex factors that influence people to use or not to use contraception.

Quality of Services. Participating firms' clinics visited in both the Philippines and Zimbabwe displayed high standards in general appearance. In most facilities, a range of methods were available and there was also provision for privacy -- both important in building continuing contraceptive use. These facilities also provided various basic health and child survival services, in many cases to all dependents of the employee. With respect to the level of cleanliness and efficiency, standards were higher than in many public sector programs.

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<sup>18</sup>In general, KAP surveys were conducted in two ways: one, through a relatively expensive contract with a professional research firm (e.g., Quest, Firestone), and second less expensively (and inevitably with less scientific results) --e.g., as in the case of Triangle, by the research unit of the ZNFPC with some of the firm's own employees participating in interviewing. This has significant cost implications.

The quality of Enterprise's medical monitoring also appears high. As part of Enterprise's routine activities, service delivery subprojects are assessed for quality assurance components from proposal initiation through project implementation. A Medical Review Committee has been established to oversee the process and Enterprise has on headquarters staff a medical monitor to provide continued support for the various activities. The only issue is with respect to a Medical Monitoring Manual that is being developed but that -- in view of existing worldwide expertise on medical monitoring -- should have been ready considerably earlier. Furthermore, the current bulky, heavy, English language draft manual is too comprehensive and intimidating for most field personnel.

#### 4.5.2 Cost Effectiveness: Cost per Acceptor and Cost per CYP

The issue of cost-effectiveness is one on which A.I.D. and Enterprise project management do not entirely agree. At the start of the project, neither party was greatly concerned that project implementation costs, because of the large numbers of countries and centralized management (see Chapter 8), have been high. With shrinking Office of Population budgets, however, concerns about costs are increasing, and the CTO is now urging project management to assess costs per acceptor and per CYP and if possible, to reduce them. Enterprise is less concerned about the cost per acceptor. Its position is that, in the private sector, what is important is that benefits are above costs.<sup>19</sup>

Confusing the issue further, there appears to be no standard, agreed-upon formula for determining either numbers of acceptors or costs -- i.e., no agreement as to (a) which costs should be included in the calculations or (b) how the calculations should be done. This permits several ways of interpreting and manipulating figures depending on what one wants to show. A.I.D. uses one methodology and raised the issue of Enterprise's approach in its 1988 Management Assessment Review which shows the costs of many subprojects being fairly high. Enterprise has been experimenting with various other formulas, including amortization of alternative numbers of years (i.e., 5 and 10). Even with these efforts, however, JSI cannot demonstrate that its projects will really be cost effective, and the issue of how to calculate costs remains unresolved.

The latest set of JSI calculations with respect to projected costs for employment-based subprojects, for example, suggest both high costs and an unsettlingly wide range. The figures range from \$4 to \$158 per acceptor. The number of subprojects having cost per acceptor rates above \$20 per acceptor is 24 out of the 34 subprojects.<sup>20</sup> When the total Enterprise expenditure is divided into the total number of projected acceptors for employment-based projects, the overall cost per acceptor rates is still a high \$19.5 per acceptor.

An obvious reason for the high cost is that many of these subprojects are being carried out in companies with relatively small sizes of target populations (in this case, employees). When services are provided by a company with a large number of employees, the cost per acceptor rates can be lower. Not all employment-based subprojects, however, take advantage of these potential economies of scale, instead serving only a small number of clients at large per acceptor cost.

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<sup>19</sup>September 1988 Management Review.

<sup>20</sup>This compares with all the 42 subprojects and components listed as having acceptors, for which the projected total cost per target acceptor varies from \$3.35 to \$233. Recurrent cost per target acceptor similarly varies from \$0.00 to \$171. Recurrent cost per targeted acceptor exceeds \$10 in 20 of the 43 subprojects or components. The cost numbers for actual achievements vary even more widely.

One reason for the great range may be that there seems no standard way of deciding which costs of family planning provision are relevant for evaluation (i.e., all program costs, Enterprise costs, Enterprise recurrent costs, or what). Often what is being examined is the addition of a few Enterprise resources to an ongoing program, with the assumption made that all acceptors to that program are a result of the added Enterprise project resources. What does it mean that, in Morocco at Cherified des Phosphate, \$3,000 is provided by Enterprise and 48,000 new acceptors are predicted? Does this mean that the total cost of providing contraceptives to 48,000 new acceptors over two years is only \$3,000? How are we to compare this cost per "acceptor" to the cost of another program that must start a subproject where no ongoing program exists and there are no readily available clinics, etc.? It makes little sense to count the number of added acceptors to an ongoing, and perhaps strong, clinical health provision service which receives small added support from Enterprise, and credit all those acceptors to the Enterprise project. It makes even less sense to compare the acceptors per dollar obtained from such an exercise to an acceptors per dollar figure for a different project in which Enterprise pays virtually all costs of procuring and providing family planning products. That the former will have relatively low costs and the latter relatively high costs provides little evaluative guidance.

In short, the available estimates of costs per acceptor, per continuing user and per CYP are of almost zero value for evaluation of a single subproject or for comparative studies of several. If effectiveness is to be evaluated, consistent and logical methods for measuring costs must be agreed upon by A.I.D. and the contractor. Then similar thought must go into deciding how to measure subproject delivery results (i.e., new acceptors, acceptors using a better method, continuing acceptors, couple years of protection, etc.) and how then to evaluate them.

#### 4.5.3 Sustainability

General Strategy. For all types of subprojects (employee-based and others), Enterprise stresses long-term sustainability as a critical factor when starting a project, giving expression to that idea in project design and contracts. Specifically, it attempts to include four elements of sustainability in the development and implementation of all subprojects: (1) economic and financial; (2) project design and implementation; (3) institutional and management; and (4) political, policy and socio-cultural. In addition, Enterprise follows a number of general guidelines to enhance the likelihood of sustainability:

- Subprojects are designed so as to ensure that the recipient is willing and able to finance the project upon termination of Enterprise funding.
- Goals and objectives are defined and shared by all parties involved in the subproject's development.
- Enterprise family planning service and other subprojects are usually integrated into the existing health care system, and do not rely on donor support for their continuation. In the case of employee-based programs, this means that family planning is usually incorporated into the medical services already offered by a company. Utilizing the existing medical facilities and infrastructure reduces costs to the company for the initiation of family planning services, and increases the likelihood services will continue to be offered once donor support is withdrawn.
- Family planning is usually integrated into the delivery of curative services such as maternal and child health care. Given the bias in favor of curative care in LDCs, the provision of preventive care together with curative services facilitates sustainability.

- The inclusion of staff training and skills development in clinical family planning, record keeping, management, marketing and business planning, etc., in the design of many Enterprise subprojects contributes to the institutionalization of the skills and knowledge needed to ensure the continuation of activities and benefits after Enterprise funding has terminated.<sup>21</sup>

Strategy for Employee-Based Subprojects. In its employee-based subprojects, the Enterprise project's strategy of initiating projects with the larger companies is enhancing the likelihood that these organizations will continue to provide services after the project ends. These companies have committed resources to work with Enterprise, and employers stress their commitment to maintain provision of high quality services once initial project support has been concluded. The likelihood of the long-term financial sustainability of projects is high, but it is too early to tell with absolute certainty.

Issues. There are two major issues with respect to sustainability: one relates to how to maintain company commitment in case of unforeseen changes in available resources or personnel and the second to bridges with other funding sources that may need to be developed to cover of activities or contraceptives after project funding ends.

It will never be possible to guarantee unconditionally that companies will continue their commitment to providing family planning services. Even in those companies that are very favorably disposed to undertaking project activities and seem financially in a strong position to continue them, any number of eventualities could serve to undo Enterprise's efforts once project funding ends. In particular, a sharp economic down-turn within a company or changes in key staff could lead to a cutback in services. Enterprise's plans for institutionalizing services do not include ways to salvage family planning if such difficult circumstances were to arise.

With respect to the need to build bridges, Enterprise's approach to sustainability may be too narrow, looking primarily to the company in which services are being offered to provide the support that will be needed to continue subproject activities once funding ends. In some cases, internal resources will not be enough, and some external funding will need to be substituted for Enterprise's. Because of its definition of sustainability, however, Enterprise has tended to concentrate on involvement with firms that appear to be the most likely to afford continued provision of services over the long run. An exception is the Commercial Farmers Union project in Zimbabwe, in which there is no possibility that the union can continue to offer services without some kind of subsidy. This is an excellent organization for Enterprise involvement: With its 220,000 employees and their 1.7 million dependents, it has the potential of reaching many new acceptors.

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<sup>21</sup>The Benguet Mine Family Planning Proposal (Philippines) illustrates the Enterprise approach. Goals were drawn up through a collaborative process and thus were understood and shared by all parties concerned. Family planning education and services were provided as a component of the company's Community Health Services/Family Planning Clinic, and were integrated with curative services. Project activities were made simple and appropriate to the needs of the company and involved family planning education and service delivery. Medical and paramedical staff received training to upgrade skills in family planning motivation, counseling and IUD insertion, as well as in child survival and maternal and child health. A health economist was provided to assist Benguet with the management and collection of service statistics and other data to facilitate and conduct a cost-benefit analysis. Management stated it would pay for all costs associated with project operation once the funding period ended. All these elements were included as components of the project's design and have thus far contributed to the successful implementation of the program.

In this instance, the government of Zimbabwe could possibly assume costs for the program (perhaps providing free commodities and staff training), but Enterprise would need to help negotiate such a subsidy.

A related issue is that Enterprise may not have thought through which of the various activities it is funding are most important to sustainability, nor to have drawn up phase-out plans for the different inputs. Particularly at risk may be the IEC and training activities that appear to have been most germane to the initial success of many of the subprojects that have been funded through Enterprise to date. Subsidies spent on IEC activities are very important, serving to stimulate demand for family planning services; if this funding is withdrawn, demand may languish, and, consequently, the program itself may falter. Likewise, funds spent on training will continue to be important, because quality of services -- which requires trained personnel -- is an essential ingredient of demand. As with the Zimbabwe experience, it may be necessary to develop links with established family planning organizations that will enable these activities to continue. Some of these links have been developed (see Section 5.3), but more effort along these lines will clearly be necessary.

Although Enterprise is to be commended for its efforts to build in a sustainability strategy, it is likely the project could do even better in this area. First, there may be ways to guard against a decline in a company's commitment to family planning if circumstances change. Second, it may be necessary to think of sustainability in a different way: There should be nothing wrong in shifting the burden of subsidies to another party if the level of activity warrants. Third, possibilities may exist for cost recovery as a step toward sustainability, but this would need to be approached carefully.

### Major Conclusions

- Even if targets are reached for all service delivery subprojects, because the total number of acceptors projected is low (approximately 250-450,000), the impact on contraceptive prevalence rates will be minimal.
- In its commercial sector activities, Enterprise has focused chiefly on employment-based family planning as an employee benefit and has done little with the commercial market-based channels set forth in the Project Paper and contract. Many of the subproject firms were already providing services before Enterprise.
- In motivating companies to enter into subcontracts with Enterprise, the project has been using cost-benefit analysis whose design is faulty. Formal cost-benefit analysis may not be necessary as companies can be convinced of the savings that will accrue from providing family planning services to employees by reference to similar case studies. An accurate cost-benefit study methodology, however, is a critical element of the project and needs to be properly established.
- All subproject acceptor statistics are somewhat suspect because information related to new, transfer, and continuing users, as well as drop-out rates has not been uniformly or routinely collected by Enterprise. Therefore, it is impossible to evaluate single subprojects with respect to acceptors to date or to CYPs, or to compare several subprojects in this regard.
- Other indicators, such as quality of IEC, training, service provision may give a more meaningful picture of the potential impact of Enterprise service delivery subprojects than service statistics, both because of the questionable accuracy of the numbers, and because of the young age of most subprojects.



- The quality of services provided by Enterprise's private sector subprojects appears high. These private clinics are generally of higher standards in the level of cleanliness and efficiency than many public sector programs.
- Enterprise is focusing on the question of sustainability. Some of the subproject activities may be self-sustaining by the end of this project. On the other hand, other worthwhile subproject activities should not be expected to be self-sustaining.

## **Recommendations**

### **General**

- 1(4) For the remainder of the project, Enterprise should concentrate on consolidating and preparing for phase-out of its efforts with employment-based subprojects.

### **Subsidies**

- 2(4) Given the intent of this project to transfer some costs of service provision to the for-profit sector, seed money (subsidies) should be provided only where necessary. Guidelines for provision of seed money, including equipment) should be developed promptly. Enterprise should seek to learn more about the circumstances under which continued seed money should be provided.
- 3(4) Enterprise and TIPPS should collaborate to develop a consistent and accurate cost-benefit analysis model as the basis for different types of corporate presentations.

### **Effectiveness of Service Delivery Subprojects**

- 4(4) Enterprise needs to install a more uniform approach to collecting service statistics so that this information can be measured and compared by the end of the program.
- 5(4) In addition to service statistics, Enterprise should be collecting data on other program elements in its MIS. Decisions should be made concerning which of the following elements should be included in the MIS as indicators of potential impact:
  - Availability of and access to multiple contraceptive methods (as an indicator of the contribution of an expanded choice of methods to increased use and continuation);
  - Quality of selection, training, and supervision of personnel;
  - Effectiveness of IEC (people who are well-informed use a method better and stay with it longer);
  - Logistics;
  - Costs to users and to the project;
  - Spin-off and collaborative working relations with other contractors and CAs;
  - Coordination to avoid redundancies;
  - Role and influence of management; and
  - Government policies.
- 6(4) The results of individual subprojects and the collective survey findings, including focus group discussions, should be written up and lessons learned extracted for the design of a follow-on project.

### Cost Issues<sup>22</sup>

- 7(4) The Office of Population should decide what its precise goals are in the area of cost per acceptor and cost per CYP. A.I.D. and Enterprise should then come to agreement on how to calculate these costs. Efforts to understand the circumstances under which some subprojects costs are high while others are low should supplant recent across-the-board efforts by Enterprise to demonstrate that subproject costs are lower than they initially appeared to A.I.D.
- 8(4) Rather than invest further effort in trying to manipulate subproject cost figures to lower them across the board, the project should carry out an analysis to determine which subprojects are the most cost-effective and which the least, and, further, determine what operating principles can be derived from this knowledge to improve outcomes during the rest of this project and in a follow-on project.

### Sustainability

- 9(4) Enterprise should analyze what can realistically be expected in the area of sustainability and develop guidelines for future activities. This may result in an expansion in the definition of sustainability to include projects that require some modest financial support from governments or donors.
- 10(4) Enterprise should develop a thorough institutionalization strategy with a checklist of objectives, including the establishment of management/union agreements about the status of company programs. It should also seek to include the maintenance of its succession in the job description of key managers. At the conclusion of the project, the company should be left with a succinct, jointly-developed "owners manual" to support the long-term management of service delivery.
- 11(4) Enterprise should experiment with different combinations of inputs for start-up costs with schedules for progressive phase-out of Enterprise funding once the project is established. These might include linking the firm to established family planning organizations, either PVOs or parastatals, for on-going technical assistance and for continuous supplies of contraceptives.
- 12(4) Arrangements for on-going IEC work with employees and the regular training of company staff in service delivery must exist at the conclusion of Enterprise's involvement in a subproject. In some cases and countries, this support will need to be provided by government or commercial health-care providers.
- 13(4) Increased priority should be given to IEC. It may be necessary to impress on company officials that the purpose of IEC work is to alter the nature of "demand" to change it from passive "don't want any more children" responses in surveys to motivating people actively to discuss and demand contraceptives.

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<sup>22</sup>These recommendations hold both for employment-based and other service delivery subprojects.

## 5. PVO/NGO Sustainability

### 5.1 Overall Profile

The decision early on in the project life to de-emphasize PVO subprojects effectively stanch development in that area and today Enterprise classifies only nine subprojects as "PVO/NGO self-sustainability." In general, the subprojects are geared to assisting family planning NGOs to operate in a more "businesslike" manner and, when appropriate, to providing assistance in how to generate income. In both approaches, the overriding goal is to achieve greater sustainability and reduce reliance on external donor resources. The types of activities undertaken in this category have varied depending on the situation in the country, the sophistication and needs of the PVOs/NGOs, and the revenue generation potential of these organizations (see Table E3).

In internal documents, Enterprise groups its PVO subprojects in three categories, the first geared primarily toward operating in a businesslike manner and the second and third aimed more toward resource generation.

- 1) Cost Containment is geared toward provision of training and technical assistance in the areas of cost containment, financial and patient flow analysis, and planning. Several PVOs have been provided assistance in this area (the Population Center Foundation in the Philippines, ASHONPLAFA, the Honduran Family Planning Association, and the YKB Foundation in Indonesia).
- 2) NGO resource mobilization focuses on helping NGOs generate profits from sales of services. Enterprise is currently supporting three such activities, all in Brazil (Sophia Feldman Hospital, PRO-PATER, and CFAIMC), all of which are selling medical laboratory-based specialty services.
- 3) New forms of service delivery also is designed primarily toward income generation, but here the approach is for PVOs to market their family planning technical expertise (in training or IEC) to local commercial entities that are providing family planning services to employees and employees' dependents. Presently, two PVO/NGO subprojects are in this category: YKB Foundation Business development project, and the Gambia Family Planning Association seminar. The Gambia activity is primarily a consciousness-raising activity among union officials and the YKB effort, directed at marketing services in factories, is one part of a broader subproject geared mainly at cost containment.

### 5.2 Accomplishments

Several PVOs were enthusiastic about the assistance received from Enterprise. In the area of cost containment, the YKB Foundation, whose own goal is to seek ways to make family planning service provision more self-supporting, used Enterprise funds to develop plans for a new prototype clinic and indicated that "our management system is more streamlined and our organizational goals are more clearly defined so that our activities are most cost efficient." PVOs also indicated that additional support would be welcome, both for programs related to better business practices and to efforts related to income generation and self-sustainability. For example, the Sophia Feldman Hospital in Brazil has developed a profitable laboratory with support from Enterprise. The income from this facility supports the hospital's family planning work.

One of Enterprise's most important achievements has been the development of the "Business Firm-PVO Sustainability Model." Under this model, business firms pay a PVO right from

the start of the project to deliver family planning services in the firm's health clinics. For example, under the Enterprise-assisted FEMAP project in Ciudad Juarez, Mexico, 10 to 20 large business firms with a total of 20,000 employees will pay FEMAP, the local family planning PVO, the equivalent of two daily minimum wages per employee per year. Thus, FEMAP will receive from the businesses approximately \$80,000. The "profit" made under this project will contribute to the PVO's sustainability.

### 5.3 Issues with Respect to the Portfolio

The Enterprise project seems to have had some difficulty in identifying its role in the PVO/NGO domain. That it has had to subdivide its small PVO/NGO portfolio into three types of subprojects reflects this lack of focus. It seems not to have a clear idea what the overriding objectives should be in this area. Likewise, Enterprise keeps changing its mind as to which subprojects should be categorized as PVO/NGO sustainability: Subprojects listed as PVO/NGO in one internal document may have been shifted to a different group in another.<sup>21</sup> Furthermore, in the January 1989 listing, at least two of the nine PVO/NGO subprojects appear miscategorized. The ZNFPC, for example, is really not a PVO or NGO but a government parastatal and the purpose of the subproject has nothing to do with PVOs: It is instead to coordinate Enterprise employment-based subprojects in Zimbabwe.

In general, the Enterprise project appears to be on firm footing when identifying PVO/NGO subprojects that are geared to cost containment. In the income generation category, however, it has included subprojects that do not belong and has moved out others into new business ventures (presumably to strengthen that category). The result is that the overall record in this area remains weak and confusing.

Perhaps because of this confusion at headquarters, the PVOs themselves appear not entirely clear what to expect from the Enterprise project. In response to the questionnaire query as to what additional support could be provided by the Enterprise project to make their organizations more effective in the future, PVOs offered a wide range of suggestions including IEC materials, financing for final evaluations, funds to publish a final model description, support for additional contraceptive methods, exchange programs with other countries, and seed monies to begin business activities and to open additional clinics.

### 5.4 Assessment of Subprojects

PVO subproject performance can be assessed on the basis of two of the three criteria used to assess the employee-based subprojects: 1) cost-effectiveness; and 2) sustainability. Because prevalence per se is largely irrelevant to the main purpose of most PVO subprojects, and because data are scarce on family planning service delivery subproject acceptors, subproject performance in increasing acceptors is not discussed.

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<sup>21</sup>For example, in Enterprise's draft evaluation plan, the Triangle subproject is listed as NGO/PVO Self-Sustainability, whereas--quite rightly--in the January 1989 project database it is listed among the employee-based subprojects. Also, in its semi-annual report (April-September 1987), the PKMI Sterilization Center Feasibility study in Indonesia, the PDA subproject in Thailand, the CIS project in Bolivia, and the Juanta de Beneficencia de Guayaquil were all listed as PVO/NGO Self-Sustainability subprojects: In the current database, however, the first two have been shifted to the new business ventures category and the second two to the employee-based category.

#### 5.4.1 Cost Effectiveness

Improving business skills to make PVO operations more cost-efficient. Enterprise has had a positive impact on the willingness of some PVOs to think of using business skills in the management of their own activities. Opening up attitudes is a pre-condition for changing management style and performance. Examples such as Enterprise's NGO subproject in the Philippines, which aims at developing business skills of NGOs, could indeed have a wide-ranging positive impact. It is too early, however, to assess whether Enterprise's work is producing measurable results. This type of activity requires some time before results can be demonstrated and, like the Philippine's subproject which began in 1988, most are quite new.

A more fundamental question, however, is whether this is an appropriate area for Enterprise involvement. Not only is the project essentially duplicating the work of FPMT, it is not certain that Enterprise's resources -- both its own and the local resources it uses -- are equal to the needs of the PVOs. PVOs appear to need a considerably heavier infusion of on-going management consultation than the project is able to offer.

#### 5.4.2 Sustainability through Income Generation

##### Resource Generation

In its "resource generation" subcategory, Enterprise is having some success in assisting certain PVOs to develop new ways of generating income. It seems, however, that these projects will produce only a small part of the organization's income needs: The idea that a significant number of PVOs might, with Enterprise's help, become fully self-sustaining from using business skills and creating fee-for-service opportunities is just not tenable.

The types of income generating subprojects fostered by Enterprise are innovative, and it is encouraging that many are self-financing. For example, a laboratory established with Enterprise assistance at the Sofia Feldman Hospital in Brazil has covered costs and is providing income toward financing family planning service provision at the hospital. With Enterprise assistance, the hospital more than doubled the number of laboratory tests it performs and bills each month. As a result, the expanded laboratory is now generating sufficient profits to allow the hospital to serve approximately 3,000 new family planning acceptors and achieve an estimated 10,000 couple years of protection. Similarly, Enterprise assistance in the form of fertility analysis equipment to Pro-Pater, a vasectomy clinic in Sao Paulo, will generate additional income for the clinic and result in an estimated reduction of Pro-Pater dependence on donors from 40 to 10 percent in three years.

On the other hand, to suggest that any subproject could raise sufficient surplus revenues to fund many aspects of the organization's activities, is totally unrealistic. The Sofia Feldman and Pro-Pater subprojects, which are perhaps the most successful income-generating activities, generate funds by selling other services (ultrasound and semen analysis for infertility counseling). The Sofia Feldman subproject, however, will probably generate income equivalent only to a maximum of 16 percent of the organization's revenue needs at the end of two years -- a small proportion of its total operating budget. These subprojects, moreover, are with facilities that have sophisticated services to market, an exceptional situation not easily replicable in other countries.

A more serious issue is whether Enterprise should be involved at all with new business start-ups like these. Such initiatives, which might include activities such as acquiring property or soliciting the donation of corporate blocked funds to establish an endowment, are well beyond the sphere of expertise of both Enterprise and A.I.D. Even in the U.S., most new businesses fail and the probability of success is certainly even less in an LDC PVO being advised

by an A.I.D. contractor. No one would disagree that starting up profitable businesses on the side may be worthwhile for some extraordinary PVOs. For A.I.D. to provide the type of help and training needed for this activity within the boundaries of a family planning service delivery project, however, will in most cases, be both ineffective and cost-inefficient.

#### "New Forms of Service Delivery" -- Business Firm-PVO Sustainability Model

A PVO-commercial sector relationship was explicitly envisaged in the project design.<sup>24</sup> The concept was based on the existence of the many private firms that are eager to provide family planning services for their employees but lack the technical knowledge for doing so, coupled with the availability of PVOs that could help provide those services. Under this model, a group of business firms pays a PVO from inception of the project to deliver family planning services in the firms' health clinics.

Referring to these activities as "synergy between PVOs and the commercial sector,"<sup>25</sup> the project has pursued them with some vigor. At least 16 PVOs are collaborating with considerably more for-profit organizations in 13 countries in a variety of examples of the Business Firm-PVO Sustainability Model. Only two of the PVOs are listed in the January 1989 database in the PVO/NGO category, but these are only a small sample of the effort. Others are categorized as new business ventures or as subprojects with for-profit organizations (see Appendix E, Table E6 for a full listing and Chapter 5 for a discussion of NBV examples). At present, Enterprise continues to pursue these avenues, most recently having suggested that NGOs in Bangladesh expand contraceptive sales, provide training services and facilities, and provide for-profit services within model clinics.<sup>26</sup>

The development of the Business Firm-PVO Sustainability Model represents one of Enterprise's most important achievements. This private sector service delivery model addresses a number of development concerns: PVO sustainability, shifting of the burden of public sector service delivery to the private sector, and cost-effectiveness. (By extending services through an "umbrella approach" to 10-20 firms, rather than just one firm, the volume of acceptors will be high, and costs, relatively low.)

#### Issue: Legal and Other Constraints on PVO Business Activities

One of the major reasons that PVOs are not pursuing income generating activities more vigorously is that this area represents a legal thicket and no one is quite sure about its appropriateness. In many countries, for instance, PVOs are considered "charities" and therefore are restricted by general and tax laws as to the trading activities that they can undertake. A.I.D.'s own

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<sup>24</sup>The project paper states (p.15): "We might expect these firms [private sector firms providing family planning as an employee benefit] to assume some, but not all, of the costs of family planning delivery. In this project, local family planning PVOs are expected to co-program and co-finance these activities." The project paper provides an example (p.18): "...assistance is provided by the PVO to design an on-site service and referral program and to cover some initial commodity and personnel costs and some recurrent costs. In the long run...[this] may evolve into a situation where the factory contracts the PVO for family planning services."

<sup>25</sup>See JSI, Workplan for Program Year Two and Semi-Annual Report, October 1986 (p.3); Semi-Annual Report and Work Plan for Program Year Four, September 1988 (pp.40-41); and other JSI documents.

<sup>26</sup>See JSI, Trip Report: Bangladesh, April 19-May 3, 1988.

policy with respect to its own projects is also somewhat unclear. A.I.D.'s approach to funding and supplying commodities is that of a donor, not a venture capitalist. Consequently, there is confusion about the role of Enterprise in making loans or giving other forms of "venture capital" support to PVOs embarking on the entrepreneurial route.

To conclude, in the area of fund raising, although many PVOs face an extremely difficult future with respect to maintaining their funding sources, it is apparent that the magnitude and complexity of their problems are beyond the resources of Enterprise. Project expertise and skills are limited; the possibilities are clouded and few; and even the most successful fund-generating activities cannot yield substantial profits.

This does not mean that PVOs should not look to new ways to lessen donor dependency. It suggests, however, that the need is not to plunge into the first capitalist scheme that is presented; the need is rather to develop an all-around income diversification strategy as a step toward long-term self-sufficiency. Such a strategy might include acquiring property, providing services, or soliciting the donation of corporate blocked funds to establish an endowment. The diversity of options and the capacity of a PVO to pursue them varies greatly (see Appendix H for a discussion of the various elements of such a strategy). Developing such a strategy, however, is not a job for Enterprise: Enterprise staff are not equipped to undertake this broad role and it would be a dilution of resources for them to do so.

#### Major Conclusions

- Enterprise has had a positive impact on the willingness of some PVOs to think of working with private business and on the use of business skills in the management of their own activities. It is too early to find clear evidence of significant improvements in PVO management performance as a result of Enterprise assistance, however.
- Many PVOs face an extremely difficult future in respect to maintaining their funding sources. The magnitude and complexity of their problems is beyond the resources of Enterprise.

#### Recommendations

- 1(5) No new PVO activities should be initiated aimed solely at PVO strengthening or PVO self-sustainability. Instead, work with PVOs should focus on activities to enable PVOs to market training, IEC, and other technical services to private sector entities for a fee -- what JSI has called the "synergistic approach."
- 2(5) Enterprise should review host government and A.I.D. policies that may be inhibiting PVO subproject economic activity and suggest any changes that it deems necessary to enable more activities to take place.

## 6. New Business Ventures

### 6.1 Overall Profile

The creation of the category "New Business Ventures" (NBV) has served more to obfuscate accomplishments in this area than to highlight them. It is not at all apparent that Enterprise staff themselves find the "theme" category of New Business Ventures either useful, well-defined, or even understandable. No clear guidelines exist to define it. Rather, what is clear is that the "New Business Venture" category is in itself a confusing one.

To define New Business Ventures, the project uses the term "innovative and at times 'high-risk' private sector efforts...[that would help achieve the project goal of] enhancing the level of family planning services...while reducing the cost to the consumer." It cites four types of subprojects through which it hopes to achieve this goal: 1) utilizing private medical practitioners to provide services; 2) some kinds of contraceptive marketing (chosen carefully so that there is no overlap with A.I.D.'s contraceptive social marketing program); 3) local procurement and distribution of contraceptives; and 4) "preferred provider schemes."<sup>27</sup>

A look at the overall portfolio reveals a host of inconsistencies with regard to what constitutes a New Business Venture. Twelve subprojects are currently categorized under the "theme" of New Business Ventures, although the number has changed over time as various subprojects have been moved in and out of this category (see Appendix E, Table E4). Some of the subprojects represent new initiatives, but more are the result of reshuffling existing projects into this category. Thus, seven of the 12 subprojects in this area are implemented by PVOs, many previous denizens of the PVO/NGO category (see Section 5.3), and an eighth is a commercial firm. In short, they do not appear very different from activities carried out by subprojects in the employment-based family planning or PVO/NGO sustainability category. This separate category is confusing, making it difficult to identify the kind of help needed by subprojects (see Appendix E, Table E4).

### 6.2 Accomplishments

Disregarding the problem of definition and focus, a review of the subprojects reveals some effective efforts. Enterprise emphasized that provider-based efforts would be a prime paradigm for this category and has launched several of these. One example is the MEXFAM (Fundacion Mexicana para la Planificacion Familiar) doctors project in Mexico. With Enterprise assistance, MEXFAM trains unemployed physicians in family planning service provision and subsidizes these efforts during a two-year contract period. After this time, the doctor is expected to become totally self-sufficient. Seventeen of the 20 doctors trained under this project are now self-sufficient. Over a one-year period, these doctors have provided approximately 17,380 CYP at the relatively low cost of \$3.45 per CYP. In response to the evaluation questionnaire, MEXFAM reported that through Enterprise, its awareness and interest in achieving self-reliance has increased. Moreover, it reported that 20 clinics had also been established successfully through the project, of which 10 were already financially self-sufficient and the rest were expected to achieve self-sufficiency by the end of the subproject. MEXFAM had also arranged for follow-up funding from IPPF for any technical assistance and supplies that would be needed in the future.

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<sup>27</sup> "The Enterprise Program at the Halfway Mark," JSI. Also, The Enterprise Semi-Annual Report, April-September 1987. In these two documents, once again, subprojects are categorized differently: the PROTA subproject is identified as an example of "contraceptive marketing" in the former and an example of "expanded local procurement and distribution of contraceptives" in the latter.



The Turkish Family Health and Planning Foundation, designed to assist private groups in initiating self-sustaining "fee-for-service" family planning to underserved populations in urban settings, is another good example of an effort to expand markets and reach new acceptors. Likewise, the ADOPLAFAM project in the Dominican Republic and the Family Planning Products market Capability Evaluation in Thailand represent variations on the theme of finding new markets for family planning PVOs. These activities seem to represent a genuine expansion of each PVO's capacity, not a substitution for work it was already doing.

With regard to efforts to expand sales of low-cost contraceptives, the PROTA project in Mexico, which makes IUDs available to trained practitioners, appears to be quite successful. The PROTA project obtains IUDs at no charge from the Mexican government or donors and sells them at low cost to private physicians in return for their charging minimal fees for insertion. This project is the largest distributor of Cut 380A IUDs outside of government services worldwide. Over a one-year period, the project provided 37,969 CYP at an estimated cost of \$2.27 per CYP. Like the MEXFAM subproject, it estimated that it would become self-sustaining by the end of the program. This conclusion was based on an analysis funded by Enterprise to measure revenues needed from the distribution of IUDs to support operating costs.

Not all these subprojects are as optimistic about long-term sustainability as are the MEXFAM and PROTA efforts. The Turkish Family Health and Planning Foundation and ADOPLAFAM, the other two subprojects that responded to the question of long-term prospects, expressed some doubt on this score. ADOPLAFAM indicated it would require technical and financial support from Enterprise for some time.

### 6.3 Health-Care Markets

The subprojects now categorized under the heading of New Business Ventures include some of the more promising activities undertaken by the Enterprise project. Moreover, as free-standing micro-businesses in which the beneficiaries are the owners, a number of them appear to fall into a category that has received little attention to date under the project. This category was specifically envisaged as one of two ways in which Enterprise might introduce family planning into commercial channels. Specifically, the Project Paper referred to "integrating the provision of family planning products and services into existing profit-making commercial channels"... [namely] the various types of health-care markets which flourish in LDCs." Possible targets were

- Medical personnel - doctors, nurses, midwives, paramedics, traditional birth attendants;
- Fixed-facility service-providers - hospitals, clinics, health centers;
- Retail outlets - pharmacies, sundry stores, street vendors, distributors, national associations of pharmacists, grocers;
- Contraceptive manufacturers - pharmaceutical companies, sales groups, distributors; and
- Financial providers - group health plans, insurance companies, pension plans, and private associations.<sup>28</sup>

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<sup>28</sup>Enterprise Project Paper, pp.14-15.

Enterprise staff do not seem very familiar with this part of the Project Paper nor do they seem to conceptualize their subprojects in these terms. They have, however, pursued a number of such activities, most of which are now categorized as NBVs. Staff claim to have explored other options of this type as well, but point out that working with private health-care providers and commercial markets is not easy. Moreover, they make the point that A.I.D. has discouraged them from pursuing health market possibilities that might compete with the SOMARC project.<sup>29</sup>

#### **6.4      Conclusion**

The subprojects now categorized under the heading of New Business Ventures include some of the more promising activities undertaken by the Enterprise project. They do not, however, appear very different from activities carried out by subprojects in the category: employment-based family planning or the PVO/NGO self-sustainability. This separate category is confusing, serving mainly to complicate identifying assistance needed by subprojects.

#### **Recommendations**

- 1(6)    **The "New Business Ventures" category should be dropped. Subprojects now classified by theme as "new business ventures" should be reclassified under one of the project's original categories (presumably PVO sustainability or market-based commercial channels). No efforts should be made to start new business ventures not directly related to family planning.**
- 2(6)    **In any programming initiatives that are undertaken between now and the end of the project, more attention should go to exploring systematically options with market-based commercial channels as set forth in the project, even if these do not lead to immediate gains in acceptors.**

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<sup>29</sup>Examples of Enterprise Program Activities with Health Care Markets." Memo from Joel Montague/Nancy Harris to Barbara Pillsbury, February 7, 1989.

## 7. Implementation: Other Program Activities

### 7.1 Workshops

#### 7.1.1 Overview

The A.I.D. - JSI contract stipulates that Enterprise is to conduct 10 multi-country, topic-specific workshops on business or other fields relevant to private sector family planning. The 1986 contract amendment specified that workshops attended by more than 35 participants would qualify as two workshops. To date, Enterprise has carried out seven workshops. (In reality, five multi-country workshops were implemented, but two of them had more than 35 participants.)

In addition to these workshops, Enterprise has carried out five country-specific workshops. These workshops were not specified within the contract. Enterprise implemented them because it felt these activities contributed to the program's overall objectives (see Table 4 and Appendix E, Table E7).

Table 4			
Enterprise-Sponsored Workshops			
	<u>PVO Focus</u>	<u>Employment-Based Focus</u>	<u>Total</u>
Multi-country	1	4 <sup>30</sup>	5
Country Specific	<u>3</u>	<u>2</u>	<u>5</u>
Total	4	6	10

The workshops have been held in every geographical region. They have focused on both PVO and employment-based topics. A total of 337 participants from 40 different countries have attended. Of the participants, 6 percent have been government officials, 17 percent were either consultants or medical personnel, 24 percent were from PVO/NGOs, and 53 percent represented either parastatals or private businesses. The entire workshop held in The Gambia was devoted to trade union involvement in family planning.

The subject matter covered in the PVO workshops tended to vary depending on the region or country, whereas the employment-based workshops all tended to focus on the benefits of family planning to employees.

#### 7.1.2 Achievements

Overall, the workshops have served three purposes. First, they have been an effective method of disseminating the goals and objectives of the Enterprise program to the PVO and commercial sectors. Second, they have provided an impetus to mobilize PVOs and private organizations toward initiating or improving family planning activities. Third, they have been used as a mechanism for identifying new subprojects.

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<sup>30</sup>Because two of these workshops had over 35 participants, each one counts as two workshops.

The success of the workshops in developing subprojects is well documented. At least 49 proposals have been submitted to Enterprise by workshop participants, and out of these 19 have been developed into subprojects.

Perhaps even more impressive, these workshops have resulted in some companies having moved to initiate family planning services on their own, without using Enterprise funding. This is a major accomplishment for which Enterprise deserves considerable credit. For example, following an Enterprise-sponsored workshop which focused on IEC activities, the Triangle corporation in Zimbabwe conducted, on its own initiative, a male motivation campaign to encourage contraceptive use using its own resources. In another case, following a self-reliance workshop in the Philippines, NGOs banded together to form the Philippine NGO Council on Health and Family Planning, which serves as the action/interest group for the private sector on family planning matters. In yet another example, as a result of the Enterprise workshop held in the Dominican Republic, three companies, one foundation, and an association of commercial flower growers from Colombia agreed to purchase services from the local family planning association.

Other examples of participants wanting to initiate or expand family planning services in their countries, communities, or firms have been attributed to the workshops carried out by Enterprise. For example, in Morocco, after staff members from the firm Regie des Tabacs attended the Dakar Workshop, the company decided to offer family planning services on its own, without Enterprise funding.

## **7.2            Training Modules**

### **7.2.1        Overview**

The A.I.D.-JSI contract required Enterprise to produce three training modules, both to assist in preparation and implementation of the workshops and as a resource for program managers in initiating subprojects. Two were produced in the first year of the project. These were used in the second year and were later revised for publication and wider distribution. A third module is now being developed.

The first module, Assessing Your Organizational Assets, A Manual for Managers of Private Voluntary Organizations Involved in Family Planning, was produced with assistance from Birch and Davis under a subcontract agreement with JSI and contains information on how PVOs might achieve greater cost effectiveness, more efficient management, greater results orientation, and new sources of income.

The second module, Developing Company-Based Family Planning Programs: A Module for Use by Trainers in Workshops for Managers, was produced with assistance from World Education, a JSI subsidiary, as part of a subcontract agreement with JSI. In addition to its use in connection with workshops, the manual has been used in briefing local workshop sponsors and support organizations, and in specific technical workshop presentations. Copies have been distributed to PVOs interested in selling their services to commercial firms. Portions of the module have been translated into French and Spanish.

A third module, titled Developing PVO Self-Reliance, will build on Enterprise's experience in developing PVO self-reliance. The module is now in its preliminary development stages. It will have two parts. Part one, a technical section, will review topics such as marketing strategy, management of assets, and cost accounting, and will describe various income generating techniques. Part two will highlight the successes of 10 developing country non-profit organizations that have used some of the financial tools described in part one. World Education will be subcontracted to assist in developing this module.

## 7.2.2 Achievements

To date, over 400 copies of the first two modules have been distributed. Several independent organizations are presently using the two modules for their own work. For example, copies of the PVO module were supplied to the Philippines Businesses for Social progress, (PBSP) an NGO funded by 120 Philippine businesses. PBSP is using the manual in its program for helping community-based, not-for-profit organizations to become self-sufficient. These organizations include cooperatives, credit unions, farmers service societies and community health centers. In Manila, the Asian Institute of Management is using this module in its management courses for service organizations. In addition, copies have been provided, upon request, to USAID missions, other donors and cooperating organizations including World Education, Inc., The Asia Foundation, Manoff International, IPPF, University of London, and The World Bank.

## 7.3 Technical Assistance to USAID Missions

### 7.3.1 Overview

In addition to the major project activities, Enterprise has been active in providing technical assistance to USAID missions in the general area of what might be termed "privatization" of family planning services. This activity, which differs from the usual Enterprise Program country assessment and project development visits, involve visits from Enterprise staff in response to mission requests to look broadly at public/private sector collaboration or to assist A.I.D. in planning. Technical assistance of various types has been provided in the following countries<sup>31</sup>:

- Indonesia - TA on privatization of health and family planning services
- Thailand - TA on private sector strategies for the Ministry of Public Health and A.I.D. and analysis of an NGO family planning program
- Chad - Assessment and description of private sector health and family planning activity
- Nigeria - Assessment of a single State private sector family planning program for the World Bank and A.I.D.
- Nigeria - Nigeria private sector assessment for the World Bank and A.I.D.
- Barbados - Project Paper preparation and technical assistance in the Eastern Caribbean
- Liberia - Private sector assessment as an AID pre-Project Paper activity
- Ghana - Private sector survey and specific analysis of the potential of the midwifery association as service providers
- Egypt - Survey of existing private sector family activities and recommendations to A.I.D. on potential expansion

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<sup>31</sup>Source: Enterprise at the Halfway Mark.

- Bangladesh - Assessment of NGO and private sector possibilities within existing program
- Thailand - Private sector resource utilization study for the Ministry of Public Health (MOPH).

### **7.3.2 Achievements**

Missions have generally been positive about the work done on these trips. Moreover, the visits appear to have been effective in furthering acceptance of the overall Enterprise goal of privatizing family planning services.

#### **Recommendation**

- 1(7) It may be appropriate for Enterprise to provide advice to USAID missions when requested, but the project should not seek such situations and should not feel compelled to develop a subproject in every country in which it provides technical assistance. In some cases it will be more appropriate for the mission to initiate private sector activities as part of its own bilateral project.

## 8. Management

### 8.1 Overview

#### 8.1.1 Staff

Although the project design originally envisaged 15 full-time professional staff, and the contract called for 8 core professional staff, the present staff totals 30. Of these,

- 17 are health or family planning specialists (5 of whom have some private sector or health financing experience);
- 4 are private sector specialists; and
- 9 are technical and administrative support staff.<sup>32</sup>

The Enterprise Program's organizational structure is arranged according to three geographical teams: francophone Africa and Latin American; anglophone Africa, Asia and Brazil; and the Near East. Each team is supervised by a deputy director. The deputy director for the Near East region also serves as the program administrator. Each team also has three to five project monitors who backstop the implementation of activities in the different regions (see Appendix I, "Enterprise Program Organizational Chart).

Providing specific support services across geographical lines are two technical personnel. A medical monitor is responsible for ensuring that family planning services achieve a quality standard, and an evaluation specialist was hired in September 1988 to assist in documenting and disseminating the experiences of the program. A management committee has existed since the start to oversee program implementation.

Enterprise also has two regional offices, located in the Asia (Philippines) and anglophone Africa (Kenya), and is in the process of establishing a third -- in francophone Africa (Togo). A total of five persons, most of whom have family planning expertise, are now employed for these three offices.

#### 8.1.2 Staffing and Organizational Issues

The selection of JSI as contractor appears to have been based primarily on the staff skills it was expected to bring to the project. The present staff, however, have little expertise in public economics, health finance, cost-benefit analysis or private sector organization and management to support the project's private sector emphasis.

The decision to organize staff geographically represents a departure from the terms of the contract, which had indicated that staff were to be organized according to functional lines: business/management development teams and family planning teams. According to project staff, these changes were made on the grounds that they would accelerate operational decision making, clarify responsibilities for subproject management, and strengthen administrative backstopping in proportion to the growing need. Management also believed that the cultural and linguistic grouping would foster effective strategy development and the efficient use of inputs.

Given the numerous activities being carried out in many countries throughout the world, this shift appears to have been appropriate. On the other hand, if a core business team had

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<sup>32</sup>The numbers have been estimated based on JSI's "Enterprise Program Professional Staff" overview.

been formed, this might have ensured that some of the private sector emphases would not have been lost among family planning issues.

### 8.1.3 Regional Staffing

Regional Staff. Both the Project Paper and contract call for five full-time (40 hours/week) regional advisors to be placed throughout the world by the end of the fourth year of the project. To date, however, only two advisors have been placed -- one who established a regional office for anglophone Africa in Kenya, and the other in an Asian regional office in the Philippines. Each office is staffed by two persons, the regional advisor and a program associate (the anglophone Africa advisor is a half-time Enterprise employee).<sup>33</sup> A third regional advisor will soon establish an office in Togo (for francophone Africa).

Enterprise has decided not to field the other two planned regional advisors and instead to use part-time consultants in Latin America. It justifies this move on the grounds that it needs a critical mass of personnel at headquarters to develop knowledge about private sector family planning. Clearly, a centrally funded worldwide project such as Enterprise needs a strong central base. The delay in regionalizing, however, appears to have been a mistake, both from the perspective of cost and impact.

A second issue relates to the use of the skills of the regional personnel. All four of the Africa and Asia regional staff appear highly competent and motivated. Often, however, their prime roles of designing, monitoring and supporting subproject activities are pre-empted by subproject monitors in Washington. These advisors instead are often overwhelmed with administrative work (e.g., in one regional office, the program associate is responsible for adding up subproject receipts). Moreover, if and when technical support is provided by regional staff, it appears to be ad hoc assistance or trouble-shooting within the region, rather than consistent and long-term oversight.

This seems a poor use of the regional staff. Moreover, using Washington monitors is expensive (e.g., travel, per diem, shipping, etc.) and also tends to slow the implementation process.

In-country Representatives. Although it was not part of the strategy, the Enterprise project has made some effort to recruit and use in-country representatives. In a few countries, the project has designated a local individual to help it coordinate its efforts. In Zimbabwe, for example, a local Zimbabwean works full-time as the coordinator of Enterprise's several sub-projects. In Latin America (e.g., Mexico and Brazil) and in Asia, Enterprise has also identified some excellent local resources.

It might have been helpful in program implementation if Enterprise had made a greater effort to recruit in-country representatives: Using in-country personnel has many advantages -- impact, sustainability, and cost among them -- and, furthermore, is essential at this point in the evolution of development assistance.

Lines of Authority. Operational coordination and implementation of the project is firmly based in Washington. In addition, the lines of authority from the director and deputy directors to the remaining staff are such that decision making is clearly from the top down, with little delegated authority. This is true both in Washington and in the field. For example, in

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<sup>33</sup>The Anglophone Africa advisor is also deputy director of the Family Planning Private Sector project which JSI is implementing for USAID in Kenya.



Zimbabwe, before the results of a KAP study could be used by the British American Tobacco Company subproject, the results had to be sent to Washington for approval. This hampered the subproject design process. As a result of this authoritative structure and the centralization of the program activities, the decision making process is often time consuming and inefficient.

During the summer of 1988, efforts were initiated to transfer some subproject responsibility to the regional offices. Four countries are now monitored from the regional offices by the program associates. In Africa, responsibility for activities in Zimbabwe and Zambia has now been handed over, at least nominally, to the regional program associate in Kenya. In the Asian regional office, the program officer is now formally responsible for monitoring subprojects in the Philippines (where the Asia office is located) and for helping to develop potential subprojects in Nepal and possibly Pakistan. Both program officers, however, still report directly to project monitors and/or a deputy director in Washington -- not to the regional advisor with whom they share their office and have daily interaction. The regional advisor learns about things but is not part of the line of decision-making authority. Neither the Asia or Africa regional advisor has responsibility for monitoring any subprojects in the region.

## 8.2 Prime Contractor - Subcontractor Relationships

The Project Paper called for a consortium to implement the Enterprise project. JSI enlisted three subcontractors which were expected to provide the following capabilities:

- John Short & Associates - for socio-economic, demographic strategy, and business analysis;
- Birch & Davis - for financial management and training; and
- Coverdale Organization - for human resources and training.

The performance of individual staff members from the three subcontractors has received favorable mention in a number of cases. On the other hand, there seem to have been some negative effects of this arrangement, including adding cost to the project. In particular, a competitive relationship exists among the four firms involved, three of which (excluding Coverdale) generally vie against each other for A.I.D. contracts. Considerable time and attention was spent, especially early on, trying to resolve the issues that arose as a consequence of this relationship.

Particularly disappointing has been JSI's relationship with John Short and Associates. The project design had anticipated collaboration between the TIPPS project and Enterprise, and John Short's role as prime contractor for TIPPS was supposed to facilitate that relationship. In fact, little collaboration or fruitful interchange appears to have taken place to the detriment of the Enterprise project (see Sections 2.4.2 and 4.4.3). The subcontractors have been charged with tending to use Enterprise as a training ground for junior staff who, once they acquired some expertise through the project, were moved to other jobs. Indeed, the February 1988 Enterprise Program Management Review revealed that all of the five Enterprise staff members who had left the project were subcontractor personnel.<sup>34</sup>

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<sup>34</sup>February 1988 Enterprise Program Management Review, (Part IV. Personnel: Key Personnel Changes, Proposed Re-organization Recruitment).

### **8.3 Relationships Between Project Principals**

#### **8.3.1 Enterprise Relationship with A.I.D.**

Enterprise management has provided the requisite reports to A.I.D. in a timely, responsive, and appropriate manner, and overall relationships between Enterprise and A.I.D. appear to be cordial.

On a conceptual level, however, the relationship has been clouded by the mixed signals coming from A.I.D. with respect to project goals, evaluation indicators (see Section 2.3) and the disagreement with respect to Enterprise's approach to cost per acceptor analyses (see Section 4.5.2). The turnover in CTOs has certainly contributed to the unsettled situation. Perhaps more important, CTOs seem to have been no more versed in business than Enterprise management. Therefore, A.I.D. has been in no stronger a position to keep the project on target than has Enterprise.

Enterprise has pointed out on several occasions that working with A.I.D. Washington has been very difficult because it constantly has to deal with "catch-22s." For example, JSI wanted to generate investment income with A.I.D.'s money to finance PVCs but was not able to do so because monies used were part of the Public Treasury. There is also the conflict of interest Enterprise has had to face any time it has used U.S. taxpayers' monies to strengthen a foreign organization that was becoming a competitor with a U.S. multinational or reducing its export potential.

#### **8.3.2 Enterprise Relationships with USAID Missions**

According to cabled responses to questionnaires, Enterprise staff appear to have good working relationships with the USAID missions. In general, mission responses were positive regarding the conceptualization and design of country specific subprojects and the quality of Enterprise technical assistance. As a result of Enterprise's success at the field level, numerous Missions have requested buy-ins, indicating a desire to work with the program.

The major drawbacks with Enterprise's management identified by the missions were the minimal use of local consultants and the project tendency to under-utilize regional offices for monitoring subprojects and other tasks.

#### **8.3.3 Enterprise Relationships with Host-Country Personnel**

Personal and professional relationships appear to be quite good between Enterprise and subproject host-country staff. Answers from 30 subprojects to the evaluation questionnaires referred to Enterprise's "professionalism," "genuine interest in assisting the organization," "expertise," and "ability to improve self-reliance," and many indicated that they would recommend Enterprise assistance to other organizations.

### **8.4 Financial Management**

#### **8.4.1 Overview**

As of November 1988 (end of program year three), Enterprise had spent about half its funds. The rate of expenditures has varied greatly among funding categories. The consultant and other direct cost budget lines had exceeded 100 percent, whereas only 18 percent of the budget

allocated to subprojects had been spent (the lowest percentage among all the line items) (see Table 5).

Project management has claimed that it is now facing budgetary and manpower limitations that may constrain the breadth and volume of activities it will be able to carry out.<sup>35</sup> Even though figures for expenditures do not include accruals (which may be significant, given that the majority of subprojects are of recent origin), the suggestion that there is a shortage of funds does not appear tenable. On the contrary, a relatively large amount of money remains to be spent between now and the end of the project in September 1990. Moreover, since the project has line-item flexibility (is able to shift funds between budget lines), if shortages appear in one area, these can be covered with funds from another area.

Table 5			
Program Budget and Expenditures as of November 1988			
	Total Amounts Budgeted	Expenditures To Date (Nov 88)	Expenditures as Percent of Amounts Budgeted
Salaries	\$2,879,438	\$1,771,757	(61)
Consultants	440,277	468,070	(106)
Travel & Transportation	1,887,767	1,126,039	(60)
Allowances	2,112,669	528,601	(25)
Commodities & Equipment	1,335,742	591,562	(44)
Other Direct Costs	857,517	1,361,887	(159)
Overhead	2,015,506	1,239,887	(61)
Subprojects	9,487,340	1,754,675	(18)
Subcontracts	5,000,000	2,893,948	(58)
Fee	1,750,000	788,649	(45)
<b>TOTAL</b>	<b>\$27,766,355</b>	<b>\$12,524,500</b>	<b>(45)</b>

#### 8.4.2 JSI Accounting

The project accounting system enables project management clearly to identify costs associated with all project activities. Both funds and staff time are tracked according to an elaborate coding system. Specifically, time is tracked according to approximately 200 "activity centers," each with its own code. Activity centers include codes for subprojects, buy-ins, large or complicated technical assistance assignments, workshops, modules, non subproject activities for each country, and other discrete activities such as medical monitoring, administration, program evaluation, commodities management, newsletter, and applied research. Thus, it is possible to develop an accurate picture of both funds allocated and time spent on most project endeavors.

<sup>35</sup>JSI Semi-Annual Report and work plan for Program Year Four, April-September 1988, p.42. The text states: "due to the scarcity of both financial and human resources we now know that many interesting activities may be foregone in order to adhere to contractual terms."

### 8.4.3 Administrative and Subproject Costs

#### ■ Administrative Costs<sup>36</sup>

At present, according to project management, the level of administrative vs. operational expenditures incurred by Enterprise appears appropriate. Over the last three years, the average amount spent on program administration has been approximately 21.5 percent (see Table 6).

Table 6		
Program Operational and Administrative Costs PY1-PY3		
<u>Year</u>	<u>Operational</u>	<u>Administrative</u>
PY1	79%	21%
PY2	77%	23%
PY3	80%	20%

#### ■ Subproject Costs

Of the total Enterprise budget of \$27.7 million, about one-third is designated as seed money (subsidies) for subprojects.<sup>37</sup> Other principal costs associated with the subprojects are for the development and monitoring of the subprojects by Enterprise staff. These are operational costs in support of the subprojects, but are distinct from the subproject budget item.

#### ■ Seed Money (Subsidies)

The contract had estimated that up to \$100,000 in seed money would be spent per subproject, but, on average, the outlay has been lower -- approximately \$86,000. The range, however, is considerable -- from as low as \$4,000 for the Gambia Family Planning Seminar to \$532,571 for the HIO subproject in Egypt (see Appendix E, Table E8). The lack of specific guidelines on appropriate levels of spending makes it impossible to judge whether the amounts in question are appropriate. Because the project, at least initially, did not direct the project to minimize costs, it is not even appropriate at this point to attempt to judge whether these funds have been allocated in a cost-effective manner. This is obviously a serious issue: At this point, nearly \$2 million has been spent for subproject funds with no clear evaluation indicators that would provide a basis for assessing whether these funds have been spent wisely.

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<sup>36</sup> Administrative costs reflect time spent by headquarters staff on administrative activities (e.g. budgeting, logistics). All other costs are attributed to the operational budget.

<sup>37</sup> The original budget outlined in the Enterprise project paper was estimated at \$39.4 million, of which approximately \$19 million was to be used as seed money (subsidies) for subprojects. Based in large part on JSI's response to the Request for Proposal (RFP), the contract budget was reduced to \$27.7 million, with most of the cuts coming from the subproject category. The current subproject budget line is \$9,487,340.

### Development and Monitoring Costs

Development Costs. In general, because of Enterprise's centralized administrative and monitoring structure and the large number of subprojects throughout over 40 countries, the costs associated with subproject development and monitoring must be judged high. Granted, these costs may vary depending on the country, the subproject, and the host organization, but in general implementation costs are considerably above the cost of subsidies.

In both Zimbabwe and the Philippines, for example, approximately 55 percent of total subproject implementation costs (i.e., direct costs plus technical assistance) are for management, including subproject development and monitoring (see Table 7). This compares with only about 20 percent that go to seed money (subsidies).

Table 7		
Total Subproject Implementation Costs		
	Zimbabwe	Philippines
Subproject Cost	\$ 102,666 (22.5%)	\$ 140,806 (20.0%)
Technical Assistance	\$ 57,411 (12.5%)	\$ 105,990 (15.0%)
Direct Costs	\$ 179,928 (40.0%)	\$ 277,401 (40.0%)
Indirect Costs	\$ 115,413 (25.0%)	\$ 177,932 (25.0%)
Total	\$ 455,418 (100%)	\$ 702,134 (100%)

Subproject development costs are very high, in part because U.S.-based Enterprise staff and consultants carry out the assessments, project design activities, and contractual arrangements that are essential to launch these activities. The time needed to develop subprojects is much greater in some countries than in others. In Zambia, Indonesia, and Zimbabwe, on the basis of one, two, and three trips, two, three and three subprojects respectively were developed. In Morocco, on the other hand, it took numerous trips to launch just two subprojects. Despite these differing patterns, it is fair to say that most activities require multiple trips, often with several staff members and/or consultants. Enterprise staff maintain that because the project is breaking new ground, subproject development requires more time and effort than would be needed to set up more established family planning programs. They believe, however, that investing staff time in the field to the maximum extent possible results in better design and management.

Monitoring Costs. Enterprise staff appears to have pursued monitoring and backstopping vigorously and conscientiously throughout the project. A great deal of expensive travel time has consequently been spent in this area. These costs are elevated still more because Enterprise is operating in a large number of countries. A concentration and intensification of efforts in fewer countries (15 or 20, perhaps) would certainly have reduced costs. Instead of a headquarters staff member making a trip to visit one single country for one single subproject, as has frequently occurred, economies of scale could have been realized.

Enterprise is quite similar to the many other Office of Population centrally funded projects with a U.S. base and worldwide activities, and, at this point, it is impossible to judge whether Enterprise's costs are comparable to other such programs, or whether they are higher. Because of the vast span of activities and the slow pace of regionalization, however, the

expectation is that they are higher. A.I.D. needs to take a closer look at subproject costs across programs like Enterprise to determine what levels are appropriate.

## **8.5 MIS and Evaluation**

### **8.5.1 Definition of Terms**

MIS (management information system) means the formal system that brings together data from individual subprojects for purposes of decision making. The monitoring activities that have occurred over the project life have not fed into any central MIS.

Evaluation in Enterprise refers first to program evaluation -- that is, overall evaluation of the whole Enterprise program. In addition, evaluation plans have been created and written into many individual subprojects; this is subproject evaluation.

Neither the MIS nor evaluation was given the prominence deserved during the first two years of the project. It was not until year three that it was decided to set up an MIS, and an evaluation specialist was not hired until September 1988.

### **8.5.2 Management Information System**

#### **■ Development of an MIS**

For the first two years of the project, relatively little attention was given to the development of a coordinated MIS. The MIS specialist on the staff had the job of developing MIS systems within specific subprojects, not with creating a comprehensive MIS system.

By early 1988, however, the project had begun to assemble the data that would form the basis of such a system, including all reporting forms required of subproject staff and all memos setting forth management policies or procedures. To codify and improve on these, an MIS working group was established. Later that year, the just-hired evaluation specialist took over the task of developing a full-blown MIS.<sup>38</sup>

For practical purposes, year three was very late to start developing an MIS. Information that could have been made available earlier and used for management improvements is only now beginning to trickle in. As the MIS is just being brought together and routinized at this time, it is hard to determine as yet whether any revisions are needed.

Nonetheless, two weaknesses appear to exist that diminish the MIS's usefulness as a management tool. The first arises from the kinds of data being collected from the field: i.e., the heavy emphasis on service statistics to the exclusion of qualitative data on the subprojects themselves (see Section 4.5.1). The second relates to the confusion that surrounds subproject classification, which has led to shuffling of subprojects from one category to another to demonstrate performance with relation to one or another project objective (see Section 5.3).

#### **■ Service Statistics**

The service statistics collected for the MIS have not yet proved useful as a tool for modification of subproject activities or regional or country strategies. Instead, changes are made based on field visits and phone calls by headquarters monitors. It is likely that, unless the MIS is

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<sup>38</sup>September 1988 Project Management Review.

expanded to include qualitative data on such activities as IEC efforts, training, coordination with the public sector etc., it will be necessary to continue to rely primarily on the personal impressions of monitors, rather than through data coming from the field.

The MIS would be strengthened with the addition of qualitative information about activities such as training, IEC, motivation, and spin-off effects that may have occurred. In addition, several special studies have been undertaken as part of individual subprojects -- e.g. cost-benefit analyses, KAP studies, and other baseline studies for individual subprojects -- as well as some feasibility assessments. The findings of these studies do not appear to be integrated regularly into the MIS, although they, too, may contain pertinent data.

#### ■ Categorization

Of equal concern is the confusing array of categories that has been created in the name of the MIS or evaluation and the frequent shifting of subprojects from one category to another. Among the different categories are such designations as "theme or approach," "activity," "modality," "type," and "emphasis." Certainly, it is important to identify whether subprojects are employee-based, PVO/NGO, or NBV (or some designation that would differentiate market-based activities from those geared primarily to service delivery or management strengthening). It is also important to identify what kinds of activities are receiving primacy (e.g., service delivery, research, training, etc.) and what kind of organization is receiving assistance (e.g., PVO, factory, plantation, parastatal, etc.).

The categories that have been developed, however, have not been clearly defined. For example, one MIS document categorizing subprojects according to "activity" lists the A.G. Leventis as "marketing plan" whereas another MIS document lists it as "TA/training." Likewise, the HIO project in Egypt is listed in the first MIS document as "business strengthening" and in the second document as "service delivery."

At the root of the problem is that these categories were created after the fact, more than two years into the project life, and thus tend to mirror the lack of direction that has crept into the programming process. Had the classifications been developed at the program start, they might have served instead to help guide the programming process. Furthermore, there would now be far less question as to how subprojects should be classified. The net effect has been that staff have been spending time on micro-tinkering with classifications, which might have been better spent in improving the MIS itself.

### 8.5.3 Evaluation

Although program evaluation guidelines had been established early in the project, these were not adequately developed or kept relevant to project developments. With the hiring of an evaluation specialist, the project has now produced a more detailed evaluation plan (draft Enterprise Program Evaluation), which contains many good ideas and reflects a great deal of careful thinking.

The plan consists of

- 1) Subproject assessment -- Selecting a sample of about 12 subprojects for intensive evaluation; and
- 2) Special research projects:
  - a. publication of a book-long monograph on family planning in the for-profit sector (to cover Enterprise's five-year experience, including successful and less successful subprojects);

- b. a study of selected subprojects to obtain some preliminary information on aspects of cost-benefit and cost-effectiveness of the program;
- c. a study of factors associated with the initiation of employee-based family planning services;
- d. a study of collaboration between non-profit family planning associations and profit-making groups; and
- e. a book of Indian case studies of employment-based family planning efforts.

Of the two approaches, that of undertaking special studies would seem to be more useful. Many unanswered questions that cut across subprojects have arisen in the course of project implementation and these special studies should offer an excellent means of exploring them. For instance, the factors that are associated with the initiation of employee-based subprojects (c) are not yet clearly understood but are important in deciding what level of subsidies is appropriate and to what degree cost benefit analyses are necessary. Likewise, further research is certainly warranted on cost benefit and cost effectiveness ratios of subprojects and on collaboration between PVOs and the for-profit sector. There are, moreover, several other areas that are ripe for further study. An analysis of what works best in employment-based family planning would be an invaluable aid for both revising current subprojects programs and developing new ones.

Assessing individual subprojects would be a less productive line of inquiry than these special research projects. Moreover, the design of suggested assessments is problematic. First, the eight variables that have been identified for selecting the subprojects will capture variety but may not yield information about what works and under what conditions and therefore would have only limited applicability.

Second, the four "evaluation strategies" presented (service effectiveness, organizational change, NGO/PVO self-sustainability, and cost effectiveness) are not really evaluation strategies but rather a mix of project objectives and evaluation criteria. For example, "service effectiveness" is an objective for service delivery subprojects and "organizational change" is indicator for assessing potential NGO/PVO self-sustainability.

Third, the pervasive problem of how to categorize subprojects once again arises in this plan. In addition to the misidentification of the Triangle subproject in Zimbabwe (see footnote, Section 5.3), the Ghana Midwives subproject is incorrectly listed, identified as a NBV when in essence it only provides training and some technical assistance.

A more fundamental issue, however, relates to the overriding problem that at this point, Enterprise and A.I.D. do not see eye to eye on what the Enterprise project should be achieving. Consequently, there can be little consensus on what evaluation criteria should be used, other than the customary standard of deliverables. As long as Enterprise and A.I.D. are not in accord as to the relative importance of increasing prevalence, being cost effective, and achieving sustainability in the subprojects -- or indeed, whether other criteria might be more appropriate -- it will be impossible for Enterprise to come up with a definitive evaluation plan.

A second issue is that Enterprise's slowness to address evaluation as a project activity is symptomatic of its not having capitalized on opportunities to explore what works and what does not in the private sector. The missed opportunity to document lessons learned can be turned around, however. The 62 subprojects developed to date represent a wealth of new experiences in offering family planning services through the private sector and time remains to analyze what lessons have been learned and to apply them to a follow-on project.



## Major Conclusions

- The present organizational structure does not appear optimal for achieving the best possible outcomes from the project. The project structure is too highly centralized and there is too limited use of regional and in-country expertise to support field activities. Other constraints include: top level decision-making, not enough private-sector expertise within the staff, and not enough independent authority in the field. Had Enterprise confined activities to a smaller number of countries, better use of regional and in-country personnel would have been possible.
- Subproject development and monitoring costs are high due to Enterprise's centralized administrative and monitoring structure, a problem compounded both by the large number of subprojects and the many countries in which they are located.
- Because an MIS is just being brought together and routinized at this time, it is too early to determine whether any revisions are needed. The process of categorizing subprojects, however, is confusing (apparently even within the project, and the categories do not correspond directly to objectives set forth in the project design).
- Evaluation plans were not adequately developed at the outset as part of the project design and precise criteria for evaluation were never agreed upon by A.I.D. and JSI. At this time, however, excellent opportunities exist to undertake a comprehensive study of progress and lessons learned from the progress to date.

## Recommendations

### Project Organization and Staffing

- 1(8) **The Enterprise project should hire additional staff with expertise in the private sector perhaps as short-term consultants or advisors. The Office of Population should attempt to determine how other private sector projects (TIPPS and SOMARC) have solved the problem of A.I.D. salaries.**
- 2(8) **Subproject development and monitoring (including backstopping and the provision of technical support to subprojects) should become less centralized. The lines of authority should be altered to provide more responsibility for decision making to the project monitors and regional staff.**
- 3(8) **Enterprise should place more staff in its regional offices and give these offices greater authority to develop and implement subproject activities. This is desirable now to the extent it is feasible and practical and essential for a follow-on project. The roles and responsibilities of the regional advisors need to be clarified.**
- 4(8) **Where possible, Enterprise should attempt to hire in-country representatives in all countries where the program has a substantial amount of subproject activity. In-country representatives could play a major role in the consolidation and information dissemination activities that should be carried out during the remainder of the project.**
- 5(8) **If it remains impossible to identify a CTO with commercial sector expertise, technical advice should be provided in this area on an ongoing basis.**

### Financial Management

- 6(8) A.I.D. should carry out a study to review the subproject development and implementation costs associated with centrally funded projects that have a worldwide base. This would help to identify ways of better understanding these costs, so that they might potentially be reduced, not only for Enterprise but other future programs as well.
- 7(8) A.I.D. and JSI should modify the budget categories as needed to accord with changes in the project strategy recommended elsewhere in this report.

### MIS and Evaluation

- 8(8) The project should proceed with its efforts to develop a comprehensive MIS that can be used as an effective tool for both monitoring and evaluation. The MIS should gather not only service statistics but also qualitative information about activities such as training, IEC, motivation and spin-off effects that may have occurred.
- 9(8) Criteria to be used for evaluating project performance and success (and thus also the performance of the contractor) should be determined as part of agreeing on project objectives (see Recommendation 1[2]). A limited number of basic categories and the criteria for judging effectiveness should be agreed upon. A.I.D.'s CTO and Enterprise's evaluation specialist should take the lead in this activity.
- 10(8) Learning which private sector family planning approaches have been successful and under what circumstances should be the major objective during the remainder of this project. Enterprise staff should analyze systematically and thoroughly what has been learned and what questions remain unanswered. A series of working papers should be produced reflecting the conclusions reached. Papers might be developed on the following:

**Self-Evaluation.** Enterprise should rank all its subprojects to identify those judged by the project to be most effective.

**Lessons Learned Within Subproject Categories.** This would include preparation of background documents (analyses or issues papers) on what is known to date (including both experience of others prior to Enterprise and what has been learned through Enterprise) on the five major types of programming undertaken to date.

Employment-based family planning: What works best.

Such a study would need to differentiate among the various types of work sites: those where most employees are women; those where most employees are men but the employer provides health care to dependents; and those where most employees are men and the employer provides no services to dependents.

Health-care markets: Such a study should include documentation on problems encountered and solutions found.

Helping PVOs to become more businesslike.

Helping PVOs provide technical services to private companies and other organizations that provide family planning to individual users (the PVO-commercial sector synergy approach).

Helping family planning organizations to launch new business ventures.

These analyses should be initiated immediately and preliminary papers completed within a matter of weeks. Issues for which answers do not currently exist should be identified. The documents produced should be used immediately and during the rest of the project to guide decisions about how best to invest A.I.D. funds.

#### **Lessons Learned: Cross-Cutting Issues**

Sustainability. This should analyze what can realistically be expected in the area of sustainability (see Recommendation 9[4])

Cost-effectiveness. This should look at which service delivery subprojects are more cost effective and which are less so (see Recommendation 7[4]).

Costs. This should look at costs of providing family planning services through the private sector.

11(8)

**Present categorization efforts should be set aside and subprojects reclassified according to the main categories set forth in the project design: PVO/NGO; Employment-based/employee benefit plans; and "Health care markets." The category of New Business Ventures should be dropped. "NGO/PVO" should be used only for organizations that are truly private, non-governmental organizations. Subcategories and cross-cutting categories (e.g., service delivery) could then be adopted that correspond to the terms of the project design (as well as to terms used in the private sector).**

## Appendices

# Appendix A

## Evaluation Methodology

## Appendix A

### Evaluation Methodology

#### Purpose of This Evaluation

The Enterprise project design calls for two external evaluations, one at mid-point and the other at the end of the project. This evaluation is being conducted during project year four with about one and a half years remaining in the project. Conducted slightly later than mid-project, this timing actually affords better opportunity to assess both actual achievements and the potential for impact. The purposes of this evaluation are:

1. To examine whether the project was conceptualized and designed in a way that will permit it to meet its objective of developing and expanding family planning service delivery in the private sector;
2. To determine whether revisions regarding implementation, budget, and monitoring are warranted at this time; and
3. To provide information that can be used for designing a follow-on private sector family planning project (see Scope of Work, Appendix B).

#### Evaluation Team Composition

Team members and skills represented on the team were as follows:

Barbara Pillsbury	- Health and Family Planning Evaluation Specialist
John Akin	- Economist
David Logan	- Financial and Corporate Social Policy Specialist
Sigrid Anderson	- A.I.D. Family Planning Specialist
Matthew Friedman	- Family Planning Specialist

#### Methodology

The methodology consisted of interviews and document review in Washington D.C., intensive field visits in two project countries (Zimbabwe and the Philippines), interviews with Asia and Africa regional staff, and solicitation of input from other countries via questionnaires and telephone calls. The entire process, with report drafting, took place over an approximately three-month period.

Evaluation of a centrally funded project being implemented in many countries presents an unusually complex problem. To understand the project overall, evaluators must make some field visits but cannot visit more than a few of the countries in which the project is being implemented. This evaluation thus experimented with using mailed self-response questionnaires to gain input from countries not visited. (Enterprise operates in over 40 countries, only two of which were visited intensively by the team.)

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Prior to the full team's assembling in Washington to begin the evaluation, three questionnaires were developed and sent to all of the organizations that had signed subproject contracts with the Enterprise project. These questionnaires asked for a combination of qualitative and quantitative information related to subproject conceptualization, design, and implementation. In some cases, telephone calls were made to follow up. Questionnaires were sent to 60 organizations. Twenty-one organizations responded. While team members were visiting field sites, the questionnaires that were returned to POPTECH were analyzed and a summary paper was prepared by Matthew Friedman based on the responses. This information was used to provide a broader perspective of the overall overseas activities. While limitations of this approach are recognized, the information gained provided useful, complementary insights to the intensive visits in two countries (see Appendix C).

The five team members worked together from January 9 to February 8, 1989. One week was spent in Washington, then three weeks in the field followed by a half week back in Washington. The first three days of the evaluation were devoted to a Team Planning Meeting (TPM). This included an overview of the project's initial conceptualization and design, detailed review of the evaluation scope of work, and development of a workplan for the field visits. The team worked closely with A.I.D. personnel throughout the TPM to ensure that an understanding was reached with regard to the purpose and scope of the assignment. Following the TPM, two days were spent meeting with Enterprise personnel at John Snow Inc (JSI). An assortment of reports documents and records were also reviewed throughout the evaluation (see Appendix D).

Field visits took place from January 15 to February 3. Ten days were spent in both the Philippines and in Zimbabwe. Team members met with representatives from the host governments, USAID missions, and with the implementing organizations. The field visits included trips to Baguio, Cebu, and Bulacan in the Philippines and, in Zimbabwe, to Bulawayo and various sites north and south of Harare. A visit was also made en route to Nairobi where JSI's regional office is located and where JSI is implementing an A.I.D. bilateral private sector project that, in many ways, was a model for the Enterprise project.

Following the field visits, the team regrouped in Washington to present preliminary findings and to gather further information from JSI and A.I.D. A draft report was presented to A.I.D. and a formal debriefing for the Office of Population was held on March 20 followed by a presentation to JSI senior staff on March 22.

## Appendix B

### Scope of Work



## Appendix B

### Scope of Work

#### ENTERPRISE

#### Mid-Term Evaluation

##### I. Background.

##### A. A.I.D. Commitment to Private Sector Family Planning.

Traditionally, A.I.D. has assisted public entities and Private Voluntary Organizations (PVOs) to improve the availability of family planning services in LDCs. While the role of these institutions is crucial to the establishment and expansion of family planning services in the developing world, A.I.D. recognized that the Agency's population program would also benefit from a more comprehensive effort to incorporate the expertise and channels of delivery found in the profit-making private sector. Since the 1970s, Contraceptive Retail Sales (CRS) and Contraceptive Social Marketing (CSM) research and service delivery projects have augmented public and traditional PVO activities and form an important part of A.I.D.'s portfolio. However, socioeconomic trends in some A.I.D. recipient countries such as: 1) the increasing number of citizens who are part of the money economy; 2) the inability of public programs to meet the growth targets set by LDC governments; and 3) the success of private health-care markets (such as social insurance or fee-for-service schemes) indicate that LDC population programs could further benefit from additional private sector projects.

To address the issue of developing family planning programs in the profit and non-profit private sector, A.I.D. authorized the establishment of the Enterprise Program in September, 1985. Enterprise is one of three projects in the Office of Population which focuses specifically (though not exclusively) on the private commercial sector (the other projects are SOMARC and TIPPS).

##### B. The Mandate of the Enterprise Program.

The Enterprise Program contract (DPE-3034-C-00-5072-00) states that the contractor will focus assistance on the following areas:

o Augmenting the coverage and types of family planning services offered by family planning PVOs in A.I.D. recipient countries while improving the organization's business skills by:

- Developing and improving financial and human resource management systems; and by
- Providing assistance in developing an improved economic base.

Subprojects will expand PVO efficiency or coverage, and will include assistance in areas such as financial analyses to decide among fee-for-service alternatives, logistical and accounting techniques and designing personnel, time management and incentive systems.

o Incorporating family planning into existing commercial channels. Subcontracts with for-profit commercial channels will include:

- Training new personnel, financial support management and evaluation assistance; and
- Developing market-based procurement, distribution and information and education systems.

A project amendment was issued by A.I.D. on June 1, 1987 to authorize certain changes in the contract. The Enterprise Program was asked to place a greater emphasis on working with the commercial sector and to reduce the number of activities with private voluntary organizations. As a result, the project amendment changes the targeted subproject mix to 50 with commercial sector organizations and 30 with PVOs.

#### C. The Enterprise Program Contract Deliverables.

In order to achieve the above objectives, the Enterprise contract (as amended) calls for a number of outputs and deliverables. These are:

- 1) Development of fifty (50) subcontracts with private sector entities.
- 2) Development of thirty (30) subcontracts with local family planning PVOs.
- 3) Provision of approximately 160 person months of ad hoc technical assistance.

4) Design and execution of an estimated 10 multi-country workshops on specific topics (e.g. Family Planning in the Workplace).

5) Development of three (3) training modules on:

A) Assessing Your Organizational Assets

B) Workbase Family Planning

6) Placement of five (5) long-term regional advisors for approximately two years each to play a major role in the design, monitoring and support of subprojects in a given region.

7) Submission of workplans, trip reports, and briefings; monthly financial vouchers; project monitoring and semi-annual reports; regional advisor reports; correspondence and special briefings.

D. Results of Most Recent Enterprise Program Management Review.

A recent Management Review of the Enterprise Program (February 1988; Executive Summary attached) indicated that after two and a half years of operation, Enterprise is on schedule or ahead of its outputs.

II. Purpose and Scope of the First External Evaluation.

The Enterprise contract calls for two external evaluations, one at mid-point and the other at the end of the project. The purposes of this mid-term evaluation are: 1) to examine whether the Enterprise Program has been conceptualized and designed in a way which will permit it to meet its objective of developing and expanding family planning service delivery in the private sector; 2) to determine if revisions regarding approach, design, programmatic implementation, budget and monitoring are warranted at this time; and (3) to provide information which can be used in the design of the follow-on private sector family planning project.

An endeavor as new to A.I.D. as Enterprise, which focuses much of its effort on working with the private, for-profit sector, requires review in a way that ascertains whether or not the contracted-for activities have been adequately conceptualized

and designed to meet the objectives of the project. To respond to this issue, the mid-term evaluation should determine if the various approaches taken by Enterprise in the development of sub-projects, training modules, conferences, and provision of technical assistance are, in fact, the most appropriate when dealing with family planning and the private sector, or if additional approaches need to be incorporated.

Specifically, the evaluation will address the following questions. The questions that A.I.D. considers the highest priority questions are marked with an asterisk. The team should devote more time and analytical effort to these questions.

#### A. Design Issues.

\* 1) Conceptualization and Design. Is the conceptualization and design of the Enterprise Project (development of subprojects, provision of technical assistance, and execution of cost-benefit studies) an appropriate approach through which to engage the private sector in family planning service delivery? Are there any project design assumptions that are incorrect? Are there other approaches to increase the involvement of the private sector in family planning service delivery which might be tried? What would the team recommend?

2) Constraints. Are there legal, regulatory, policy or commodity constraints imposed by A.I.D. that inhibit involving the private sector in family planning service delivery or inhibit assisting PVOs in achieving self-sufficiency? How do these constraints limit Enterprise's involvement with PVOs and the private sector? Has the availability of contraceptives been a problem in establishing self-sufficient programs? Are there revisions in policy or regulations that can be made by the Agency to facilitate Enterprise's mandate?

3) Project Components. How much weight should be given to each project component (PVOs, Business Firms and New Business Ventures)? Would focusing more attention on one rather than the others be a more expeditious way to meet project objectives?

4) Revisions. Given the limited time remaining in the current contract, are any revisions regarding design, approach, and quantity/type of deliverables warranted at this time?

## B. Organization and Management.

1) Working Relationships. How has the model of one prime and three subcontractors contributed to or detracted from the execution of the Enterprise program? What is the nature of communication and working relationships with subcontractors? with A.I.D.? with subproject staff? Can/should A.I.D. and Enterprise take any steps to improve relationships in these areas?

\*2) Management Information System. Has a management information system for the Enterprise program been established? Are the data that are gathered and the studies that are undertaken useful and relevant? How are they used to contribute to the internal learning process and to guide subproject design and implementation? Have any subproject designs or country or regional strategies been modified in any way based upon this information? Should this system be modified in any way?

3) Administrative Costs. What proportion of project costs supports management and administration and what proportion supports operational aspects? Should this be changed in any way? Is the level of staff and consultant travel to support subprojects commensurate with subproject needs?

## C. Subproject Design, Development and Implementation.

\* 1) Strategy. For each country and region selected for assistance, has a coherent strategy been developed which examines constraints and the growth potential for private sector family planning activities? Has the strategy been followed? Are subprojects selected in ways that are consistent with a broader strategy? What criteria have been developed for subproject selection and are subprojects consistent with these criteria?

2) Subproject Development and Implementation. Are the subproject development guidelines, length of time allowed, level of effort, staffing and mix of technical and business skills for subproject development and implementation adequate and appropriate to meet project objectives?

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3) Criteria for Assisting Private Sector Business Firms. To what extent does the design of assistance to business firms ensure that A.I.D. does not subsidize activities that should be supported by the firm itself? During subproject implementation, are recurrent costs borne by the firm? Should A.I.D. provide more specific guidance to the Enterprise program in this area?

\*4) Initial Financial Support. The Enterprise contract states that "subcontracts (for market-based approaches) can support technical assistance...training, or the hiring of personnel necessary to deliver family planning services in the private sector. Subcontracts can also provide for 'seed money' to defray the risk of taking on a new venture if cost-shared." What evidence exists to suggest that A.I.D./Enterprise's initial financial support to business firms ("seed money") is necessary to initiate company-based family planning services? Would business managers be willing to initiate company-based family planning programs if they were simply shown cost/benefit projections which revealed that monetary benefits would be greater than costs if the company initiated a family planning program? Does the availability of "seed money" enhance the quality and potential for sustainability of service delivery? Of those firms given "seed money" is there evidence that subprojects will continue or intend to continue family planning service delivery when Enterprise funding ends? Has the team observed any common characteristics of firms most likely to continue funding of activities after EP funding terminates?

\*3) Subproject Costs and Potential for Cost-Recovery. Have subprojects been designed in ways that minimize subproject design, development and service delivery costs? Can future Enterprise subprojects be designed in ways that include mechanisms for cost-recovery? What, if anything, can be done to minimize and/or recover costs especially in the design of the follow-on project?

4) Conferences/Documents. Have the conferences and training modules undertaken by Enterprise to date been successful in achieving spinoff ideas or activities, e.g., family planning service delivery efforts in the private sector not supported by Enterprise?

D. Effectiveness and Potential for Impact.

1) Work-Based Family Planning Programs/Health Markets.

The team should analyze the service statistics provided by the contractor on the following indicators and also indicate whether these indicators are appropriate for all commercial channel subprojects.

- \* a) Acceptors. What is the targeted number of acceptors and what is the actual number of family planning acceptors? To what extent is the program on track in terms of reaching the targeted number of acceptors? (e.g., if the program is at the halfway mark, have they reached 50% of their targeted number of acceptors? ) Are projected target rates realistic? Are they too low? If acceptors have not increased, what factors have inhibited this? What can/should A.I.D. and Enterprise staff do to increase acceptor rates, especially new acceptors?
- \* b) Transfer Acceptors and New Acceptors. What percentage are transfer acceptors and what percentage are new acceptors? From what source were transfer acceptors receiving services? Were those who switched to the Enterprise program receiving services from the public or private sector?
- c) Dropout Rate. What is the drop-out rate? What reasons are given for dropping out? What can/should A.I.D./Enterprise do to lower the drop-out rate?
- d) Contraceptive Prevalence. Are data available on the contraceptive prevalence rate in the project area and: (a) whether it has changed since the initiation of the project; and (b) how it compares to the district/state/region the project is located in?
- e) KAP. Are there any data available on changes in KAP since the initiation of the project?
- f) Quality of Services. How would the team rate the quality of services provided (e.g., method mix, availability of contraceptives, expertise of personnel, appearance of facility, type of equipment)?

- \* g) Cost/Benefit. What are the results of the cost-benefit studies and what implications do they have for subproject sustainability after Enterprise funding ends and for the design of a follow-on project? Given that Enterprise projects are short-term investments which may generate services and benefits for years beyond the termination of Enterprise involvement, potential for impact should be assessed accordingly.
- \* h) Costs. What are costs and recurrent costs per acceptor and per new acceptor? Recognizing that these costs may be higher at subproject startup, how do costs compare to other similar programs?
- \* i) Couple Years of Protection. What is the total CYP for each subproject? What is the cost of CYP for each subproject? Does the trend show that costs per CYP is declining? What types of subprojects provide the highest level of CYP at the lowest cost? Do responses to these questions have any implications for the design of a follow-on project?

2) Family Planning PVOs. For each PVO visited (and others in-country but not visited for which data are available), the team should answer the following questions.

- \* a) Improved Business Skills. As a result of Enterprise assistance, how have PVOs updated and improved their systems for financial and human resources management? Is the team able to identify any actual results of PVO's improved business skills, e.g., are PVO's providing services in a more cost-efficient manner or have they been able to increase coverage or coverage per dollar of input? What else can/should A.I.D. and Enterprise do to assist PVOs to develop their business skills? Have PVO attitudes toward the need for business skills and the private sector changed?



\* b) Income Generation. Have subproject designs for income generating activities reflected sound business practices (i.e., business plans, market research, financial analysis)? Is the team able to identify the ways in which the income generating activities will lead or contribute to sustainability? Can or should any other types of activities be initiated to enhance PVO sustainability?

d) Expanding PVO Markets. To what extent have Enterprise activities with selected PVOs assisted them to look beyond their traditional client/service base and funding sources?

3) Internal Monitoring and Evaluation Systems. For each subproject visited (business firm, PVO, health market) and others in-country not visited but for which data are available), to what extent are program administrators gathering relevant service delivery data (especially cost/benefit and acceptor data) accurately and at regular intervals, especially to answer questions a-i in Section D above? Are these data being used to monitor program progress and effectiveness? What problems are associated with data gathering and analysis? To what extent has an effective internal monitoring and evaluation system been established for each subproject?

\* 4) Sustainability. What evidence is there that after Enterprise funding comes to an end, recipients will have the capabilities and commitment to continue project activities on their own initiative and at their own expense? In those instances in which plans were developed for local firms/organizations to phase-in their support for recurrent costs, to what extent have these plans been adhered to? Should A.I.D./Enterprise do anything differently to ensure local support for recurrent costs?

5) Diffusion of Ideas/Activities. Are there any indications that private sector involvement in family planning is increasing due to the example of Enterprise activities? Are individuals trained or employed by Enterprise becoming agents of change in their own right?

\* E. Lessons Learned.

1) What are the lessons learned to date regarding: a) the kinds of private sector organizations most likely to develop or expand family planning services for their employees; b) how best to convince the private sector to establish family planning services; c) the elements of successful design of employee-based programs; d) how service delivery costs can be minimized and how some project costs can be recovered; and e) how best to assist PVOs to develop strategic plans for sustainability?.

2) Based on the lessons learned to date, how can Enterprise and A.I.D. further refine and improve the effort to develop family planning services in the private sector, especially with respect to the current project?

3) What specific changes and improvements should be made by A.I.D. in designing a follow-on project aimed at increasing private sector involvement in family planning?

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# **Appendix C**

## **Analysis of Responses to Questionnaires**

## Appendix C

### Analysis of Responses to Questionnaires

Prior to the Enterprise evaluation, different questionnaire formats were developed by POPTECH in cooperation with A.I.D. to collect information related to the three subproject categories: Employment-Based Projects (EBP), PVO Sustainability (PVO), and New Business Venture (NBV). The questionnaires asked for a combination of qualitative and quantitative information related to subproject conceptualization, design and implementation. After review by Enterprise staff, a total of sixty questionnaires were sent to selected representatives within each of the organizations that had subprojects with Enterprise (60 subprojects).

While the field visits were under way in the Philippines and Zimbabwe, the completed questionnaires were returned to POPTECH. Follow-up phone calls and telexes were used to retrieve questionnaires that had not been returned.

As of February 20, 1989, a total of 30 questionnaires had been returned -- a 50 percent return rate. The number of questionnaires by geographic region and category were as follows:

	<u>Employment based</u>	<u>PVO Sustain- ability</u>	<u>New Business Ventures</u>	<u>Total</u>
Latin America	2	3	3	8
Asia/Near East	7	2	1	10
Africa	9	2	1	12
Total	18	7	5	30

Summaries of answers to the questionnaires are provided below. In some cases, responses from the three formats are grouped together to provide an overall look at a particular question, while others are format specific. Each summary indicates whether questions are combined or separate, e.g. (EBP), (PVO and NBV), (All three categories), etc.

#### Questionnaire Responses

- A. Taking into account the provision of health and social welfare and other services provided by your company to employees, what priority would you give to family planning services (High priority [10], low priority [1])? Please explain your ranking. (EBP)

The average priority rating given for family planning services in employment-based companies was 7. The answers reflected a sense that family planning was one element out of a

variety of other development activities that were also important including health, housing, and safety. Several responses indicated that family planning should be considered a component of health activities.

Cost considerations at both the company level (e.g., reduction in overall health expenses, less absenteeism, increased productivity, etc.) and the individual level (e.g., improved standard of living, less financial burden with smaller families, etc.) were indicated in nearly half of the responses. Many of the responses appeared to reflect a concern for the welfare of employees.

**B. Were family planning services provided by your company prior to the Enterprise program?**

- If yes, describe the level of funding on an annual basis. Was funding for these activities provided by your company or a donor agency or both?
- If family planning was not provided before the Enterprise program, what was the motivating factor for starting family planning? (EBP)

Twelve out of 15 questionnaires indicated that family planning services were being provided in some form prior to the program. Seven of these companies were receiving either funding, technical support or contraceptives from a donor or local family planning organization, e.g., ILO/UNFPA, Government, FPA, FPIA etc.; while five stated that all costs were borne by the company. Six of the companies pointed out that the services provided prior to the Enterprise contribution were limited and "low-profile."

**C. Describe the history of your relationship with the Enterprise Program and the reasons that led you to work with Enterprise. (All three categories)**

Many of the respondents (14) indicated that Enterprise approached them concerning the development of some type of collaboration. While these exploratory visits began in 1985, most respondents who provided a time frame stated that their first contact with Enterprise took place in 1987 (6). Other ways in which the relationship was developed included referrals from USAID missions (4), referrals from other organizations involved in family planning (4), and exposure through Enterprise workshops (3). Enterprise appeared to begin with fact-finding visits which included a motivational component. Follow-up visits appeared to provide support for subproject conceptualization and proposal development.

There were two major reasons cited for working with Enterprise. First, several organizations stated that Enterprise had similar objectives with regard to placing emphasis on finding ways of becoming more cost-effective or self-sustaining (PVOs). Second, employment-based respondents emphasized that Enterprise offered an effective way for them to upgrade and/or improve their present family planning activities. The perceived need for family planning programs

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to reduce company costs, or to provide benefits for the sake of the employees, were cited in several cases as a motivating forces.

**D. What form of assistance has been provided by Enterprise? How would you rate the quality of this assistance? Was more needed? Would you recommend that Enterprise assistance be changed in any way? If so, in what way? (All three categories)**

The type of assistance provided by the Enterprise program can be divided into three basic categories: financial, technical, and project development. All three of the respondents formats emphasized these areas. As might be expected, the employment-based respondents tended to emphasize assistance related to the development and implementation of employment-based needs, including training, equipment, MIS development, IEC, and the initiation of various studies. The NBV and PVO questionnaire respondents referred more to institutional support in the form of MIS development, patient flow analysis, marketing, and business plan development. Several mentioned that the goal here was to assist the organizations to reduce costs or reach self-sustainability.

Fifteen of the respondents rated the services provided by Enterprise to be of high quality or very good. Others rated the quality as "adequate" (3), "enabling", "satisfactory" or "appropriate."

The most significant change suggested for providing technical assistance was that additional follow-up and site visits be made (5). Two respondents indicated that more insight was needed into administrative activities such as subproject and financial reporting. Two others stated that Enterprise did not always understand the difficulties faced in implementing programs in developing countries. Additional suggested changes included more long-term training, refresher training, study tours, an in-country person to support projects, a budget for unforeseen activities, and equipment such as computers. Nearly all of the suggested changes came from the employment-based category.

**E. What impact has this support had on your organization, if any? Specifically, how has Enterprise assistance helped your organization's capabilities in income generation and management? Are you able to identify any actual results of your organization's improved business skills, e.g., are you able to provide services more cost effectively, or to increase coverage per dollar of inputs? Would you recommend any changes in this regard? (NBV and PVO)**

Out of 13 questionnaires returned, three respondents indicated that it was too early to identify impact, while another three did not provide an answer. The remaining seven indicated that the Enterprise program had improved their operation in some way (e.g., in ability to render services, improved management skills, etc.). For example, the MEXFAM Community Doctors Project reported that the "Enterprise project input made MEXFAM, as an institution, more aware and interested in fighting to upgrade self-reliance." In another example, the YKB Foundation indicated that "our management system is more streamlined, and our organizational goals are more clearly defined so that our activities are more cost efficient." Finally, PPA Zambia stated that

"Enterprise has changed PPAZ's direction and approach to motivating industrial workers in family planning."

**F. Would you recommend Enterprise assistance to other organizations? Why or why not? (NBV and PVO)**

Out of the 10 responses received for this question, all indicated that they would recommend Enterprise assistance to other organizations. The reasons given focused on Enterprise's professionalism, genuine interest in assisting their organizations, expertise, finances, and ability to improve self-reliance (income generation, self-sustainability, etc). Four respondents referred specifically to the technical assistance needs of PVOs.

**G. Will your organization be able to become self-sustaining as a result of Enterprise assistance? Have other factors influenced the likelihood of your organization's becoming self-sustaining (e.g. other donor support, unexpected costs, etc)? If so, please indicate the amount (in U.S. dollars) of additional funds generated annually by Enterprise support that has led or will lead to sustainability and describe the process through which this has occurred. (PVO)**

Out of the six responses, none felt that it would become totally self-sustaining as a result of the Enterprise contributions. However, nearly all indicated that the project would help to cover some program costs, thus bringing them closer to this goal. For example, projections by the CPAIMC Ultrasound project (Brazil) show that the project would contribute 12 to 16 percent to the overall budget during the second year. MEXFAM stated that some of its activities would become self-sustaining as a result of the Enterprise project; in this case, \$60,000 generated by customer fees would sustain the doctors working in the clinics. The YKB foundation pointed out that most of its clinics were presently self-sustaining, and the organization itself was moving in this direction; however, more time was required to achieve this end.

**H. What additional support could be provided by Enterprise to make your organization more effective in the future? (PVO and NBV)**

Eleven out of the 12 respondents provided examples of additional support that would make their program/organization more effective in the future. The major requests were for additional funds and support to start more program activities. In this regard, the PVO responses focused on establishing more programs related to income generation and self-sustainability. Technical assistance of various forms was also recommended (e.g. additional training, improved business development techniques, increased administrative and managerial support, etc). Other requests included IEC materials, financing for final evaluations, funds to publish a final model description, additional contraceptive methods, exchange programs with other countries, and seed monies to begin business activities and to open additional clinics.

- I. **What is the likelihood of the continuation of this project when Enterprise funding ends? Have other factors influenced the likelihood of your organization becoming self-sustaining? If it will be continued, what will be the source of funds? Will the project be entirely self-sustaining as a result of Enterprise assistance or will other types of donor assistance be sought to continue the project? (NBV)**

Four of the five projects stated that they would continue the project following the end of Enterprise funding. (The Price Waterhouse project represented a fixed-term study.) In addition, two out of four organizations indicated that they would come close to being self-sustaining following the end of Enterprise funding. MEXFAM (Mexico) pointed out that 20 clinics were well established and 10 were financially self-sufficient. It was expected that all would reach self-sufficiency in the two-year term. The Prota Project (Mexico) also estimated that it would become self-sustaining after termination of the program. The Turkish Family Health and Planning Foundation Project was not sure if it would achieve this goal.

Two of the respondents stated that additional technical assistance would still be needed in the future. ADOPLAFAM (Dominican Republic) felt that it would require technical and financial support from the Enterprise program for a reasonable time period. MEXFAM also pointed out that its clinics would need technical assistance and supplies in the future and that funding for this would be provided by MEXFAM staff funded by IPPF.

- J. **Have you undertaken any studies/financial projections which indicate in dollar terms how Enterprise assistance will contribute to or result in financial sustainability? What were the major findings of these studies/ projections? (NBV)**

Two of the five subprojects have carried out studies/ financial projections which show how Enterprise funds would contribute to financial self-sustainability. As part of the Prota (Mexico) Project, a breakeven, self-sufficiency analysis was done during April, 1988 to measure revenues from the distribution of IUDs that could support operating costs. This study estimated that 8,000 units must be distributed to break even. The Price Waterhouse subproject was set up to implement an analysis of two of Enterprise's subprojects in Zimbabwe. The study is still under way.

- K. **Would you have initiated family planning activities without Enterprise Program funding if your company had simply been shown a cost-benefit study suggesting there would be substantial monetary benefits to the company by providing family planning services to employees? (EBP)**

Eleven employment-based respondents indicated that they would have initiated the programs in some form without Enterprise assistance. Two reported that the program would not have been initiated were it not for Enterprise funding. The reasons for this were attributed to budgetary restraints (APROFE, Ecuador) and cost-benefit studies were needed to convince employers and employees (CIS, Bolivia).

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For the most part, nearly all of the companies had already started small scale family planning activities prior to the Enterprise program. Many stated that the Enterprise contributions helped them increase and improve the services being provided. Two of the companies stated that cost factors were important, while three others said that it had no bearing on their decision. For example, the Guard Group project indicated that family planning services were initiated because of the Islamic principle of "Falah" which focuses on the welfare of the poor people in the factories and the neighboring villages. The rest of the questionnaires did not address the question of cost as a factor in the decision-making process.

**L. Looking back over your program, are there any ways you could have lowered costs or increased benefits? (EBP)**

Out of the 12 responses, four felt that it was too early to determine this, another three felt that they could not have lowered costs or increased benefits, while the remaining five gave examples of ways in which costs could be reduced. For example, PDA (Thailand) indicated that using mailed reports instead of monthly visits would reduce costs. On the other hand, they also pointed out that this might stabilize the capability of the volunteers over time. Lonrho (Zimbabwe) felt that it could lower costs by being more selective in recruiting trainers and if the commitment of top management were secured at the onset. Uganda Breweries stated that utilizing locally available resources (e.g., manpower, training facilities) would lower costs. Friguia Society (Guinea) thought it could cut costs by training two more midwives so that services could be provided all day instead of just during the morning. It also felt that micro-computers would assist with the cost-benefit study. It should be noted that most of these examples are related to specific needs found within each organization's project as opposed to specific factors related to Enterprise's contribution.

**M. What effect has the family planning program had on your company or on the attitudes and behavior of employees? (EBP)**

Out of the 14 responses to this question, all indicated positive efforts associated with the family planning programs. Answers to this question can be categorized into two groups -- effects on the company and changes in employee attitudes and behavior. Responses to the company benefit aspect included a reduction in the number of clinical visits (pregnancies, STD rates and occupational injuries), a reduction in absenteeism, an increase in productivity, and more acceptance of family planning by company officials. The Guthrie Planation subproject reported that the program "reduced labor disputes, improved employee morale, made the environment in the camps more pleasant, and provided a greater sense of community within the plantation as a whole."

With regard to changes in employee attitudes and behavior, most of the responses focused on a greater awareness, acceptance, and increased demand/use of contraceptives as a result of the program. The Friguia Society subproject reported that following the project's launch, workers publicly authorized the company to provide contraceptives to their wives and daughters even if they did not accompany them to the clinics. This signalled a significant change in attitude toward family planning.

**N. What important lessons have been learned by company managers and family planning staff about including family planning services in the workplace? (EBP)**

The lessons learned varied from program to program. While some focused on general family planning issues, many were project related. For example, the PDA Factory-based program reported that the "more convenience of services, the more acceptors". BAT Zimbabwe pointed out that using worker representatives in the family planning program has resulted in their becoming active participants and more responsible citizens as they see themselves contributing toward national goals. Triangle Zimbabwe Limited felt that "providing family planning involves a small price which is worthwhile when compared to the benefits to the company." Frigua stated that the company is convinced that family planning is an important means of "monitoring the social responsibilities of the company, to improve the lives of employees, to improve morale in the company, to reduce absenteeism, and improve the image of the company." The Guard Group project stated that "family planning programs act as catalysts to promote family planning in their villages." The Benguet Corporation warned that "the program must have the support of management and must be a tangible support." Finally, the National Investment Fund declared that "the introduction of family planning services in the company assists managers and employees in achieving their objective: increased work productivity, harmony and well-being in each working family."

With regard to education, the Guthrie subproject indicated that all family planning educational programs need to be at a far more basic level than had been realized previously. It went on to say that communication efforts needed to put emphasis on the visual impact. The CIS program supported the need for education by stating that "education is still a necessary component of family planning activities both for managers and employees." The Lonrho subproject reported that people appeared to be willing to experiment with family planning methods provided they were "educated, informed, encouraged and followed up." They also discounted the myth that lower status employees were unwilling to adopt family planning.

**O. How can your family planning program be improved to make it more effective in the future? (EBP)**

The responses to this question can be categorized into three groups: 1) the need to increase services, 2) the need to improve existing services, and 3) the need to integrate the family planning program into the existing health activities. Typical suggestions relating to increasing services focused on the need for more medical staff, an increase in the number of hours that the clinics were open, increased group discussions with workers, and additional training. The Benguet Corporation felt that a company-based and supported Voluntary Surgical Contraception Center would help to increase the use of contraceptives.

To improve the present services being provided, respondents suggested that more family planning training be provided, that other health workers be engaged to participate in the family planning efforts, that improvements be made in the capabilities of the factory-based volunteers, that communication to workers be improved, that efforts be made to ensure that distribution facilities become more accessible (e.g., more flexibility in hours), that more regular follow-up be provided, and that active involvement of top level managers, company administrators,

local authorities, opinion leaders and teachers be elicited. The Population Center Foundation reported that its programs could be improved with more reading materials, audio/visual presentations, lectures/seminars, regular follow-up, regular feedback from the family planning users, and continuous education and motivational activities. In another case, the Guard Group felt that programs would benefit from an exchange of experience for program managers by providing them opportunities to visit other Enterprise programs. Several projects emphasized the use of incentives for acceptors.

Several of the questionnaires discussed the need for family planning efforts to be integrated into other health services provided. For example, the Guthrie Plantation subproject suggested that the program be combined with the well mother and baby clinics.

**P. To the best of your knowledge, what is the likelihood of your firm's continuing the family planning program when Enterprise funding ends? What will influence this decision? If you have done cost-benefit studies or other studies, has this affected your decision? (EBP)**

Most of the respondents indicated that they would more than likely continue the programs once funding had terminated (13). Three questionnaires stated that this was because the company was firmly behind the family planning efforts. Another two stated that this was because the program had shown itself to be effective. Factors cited for determining if the program will continue tended to focus on employee motivation and participation in the program over time.

In three cases, the availability of resources was discussed as a possible issue. For example, the APROFE subproject indicated that the program's continuation would depend on the "economic resources available at the time, and the financial situation of the country." The Guthrie subproject stated that the program depended on the "availability of assistance from A.I.D. agencies to continue and develop new strategies for health, welfare, education and community development."

Although many of the subprojects had yet to carry out cost-benefit studies, five indicated that the results of these studies would play a role in deciding the direction of the program. For example, the FRIGUIA Society subproject reported that the factors that would reinforce the decision to continue the program included "the reduction of the number of pregnancies and the savings in medical costs involved, and the potential benefits expected from a reduction in fertility rates." Three others reported that cost factors would have no bearing on their decision. A project's overall performance and outcome was also considered to be an important contributing factor in some cases.

**Q. Keeping track of employees who have participated in the family planning program is not always easy without the establishment of a monitoring and evaluation system to gather, analyze and use the family planning data. Was the subproject originally designed to include such a system? If not, why not? Have you subsequently established a system? How useful has your monitoring and evaluation system been in helping you to improve project decision making?**

Eleven of the employment-based subprojects had some form of MIS system in place, while three others were in the process of developing one. The sources of information reported include baseline surveys, follow-up surveys, monthly activity reports, and spot checking. In some cases, computer analysis and study of data were undertaken using some form of cost/benefit tracking system.

The information collected through the MIS appears to be of use to many of the subprojects. For example, Guthrie stated that "the monitoring and evaluation information has been useful in determining project priorities and also in highlighting the need for information on other aspects of health information." Uganda Breweries reported that the system "aids in assessing acceptors, results of effective family planning practice and evaluation of costs involved." Finally, BAT Zimbabwe stated that they are keeping adequate information to enable them to make decisions. None of the projects responding to this question reported that the MIS did not serve a purpose.

In one case (Triangle), the questionnaire reported that the company set up the same MIS approach followed by the Zimbabwe National Family Planning Council.

**R. Have you either alone or in collaboration with the Enterprise Program undertaken studies to learn about the contraceptors you intend to serve? If so, how have you used the findings of these studies? (EBP and NBV)**

Eleven out of 16 employment-based responses indicated that they had carried out studies to learn more about their contraceptors. One respondent stated that they relied on prior experience, while two others had yet to carry out any study. The methods used to collect the information included surveys and KAP studies. Nearly all of the questionnaires stated that the results of these studies were used to improve some aspect of the project. For example, the PDA subproject stated that "knowing the level of needs, awareness and knowledge of the employees in the factories, was a guideline for PDA to operate and control the project." Guthrie used the information "firstly to identify levels of KAP; secondly to determine priorities and thirdly to sensitize the volunteers to the situations they were likely to encounter." Finally, Benguet used the findings "in the development of IEC materials for the community, in designing the training programs for the motivators, and in developing techniques in the approach and motivations to be used by the family planning workers, scheduling services and the overall service delivery system."

With regard to the NBV subprojects, two out of the four respondents reported that they had used studies. The other two did not respond to the question. MEDFAM stated that they used studies conducted by other agencies and research teams to improve its strategy. PROYECTO PROTA carried out a study of IUD users to see the impact of IUD use over a period of 15 months and to learn more about IUD acceptors' age, parity, previous choice of contraception and source.

**S. From what source were transfer clients receiving family planning services previously? Public sources (e.g., government health/POP programs) or private sources (e.g. private sector physicians)? (EBP and NBV)**

Out of the 12 EBP responses, three stated that transfers came from the public sector, three stated that they came from the private sector, and five stated that they came from both public and private sources. One questionnaire reported that transfers came from a previous program. Public sources identified included government health/population programs, NGOs, and community-based distributors (FPA). Private physicians and drug stores were named as private sector sources.

Out of the two NBV responses, both stated that transfers came from public and private sources. The PROTA program reported that 83.2 percent were from private sources and 16.8 percent were from the public sector.

**T. What are the constraints to reaching projected targets? (EBP and NBV)**

A variety of constraints to reaching projected targets was provided in the EBP responses. They include lack of coordination between times when employees are able to visit with motivators or the clinic (3), limited transportation (2), poor availability of supplies and commodities - IUD kits (2), use of seasonal workers who eventually leave (2), IEC component delayed or problematic (2), ignorance of available family planning resources, negative family planning rumors, political instability, high child deaths due to poor health which results in increased pregnancy, strikes and labor disputes, male resistance to family planning, limited transportation to contraceptive source, resistance to using a particular contraceptive method (e.g., condoms), feeling that family planning is the woman's responsibility, and traditional beliefs and customs.

With regard to the NBV responses, the answers were more detailed. For example, the MEXFAM community doctor project reported that site selection has constrained some clinics, the difficulty of finding doctors who will work in depressed areas, and the prices of drugs being too high for the socio-economic conditions. The Prota project stated that the main problem has been the delay in the performance of the postal service to attend to requests from physicians outside the Mexico City Metropolitan area. Another problem has been competition from the black market offering IUDs at a cheaper price.

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## **Attachment One**

### **Three Questionnaire Formats Used Employment-based, PVO Sustainability and New Business Ventures**

ENTERPRISE PROGRAM EVALUATION (Employment-Based)

A. Program Background

1. Subproject Country: \_\_\_\_\_ Subproject Number: \_\_\_\_\_

2. Subproject Title: \_\_\_\_\_  
\_\_\_\_\_

3. Implementing Agency  
Business Firm: \_\_\_\_\_

4. Telephone Number: \_\_\_\_\_ Telex/Fax: \_\_\_\_\_

5. Key Personnel: \_\_\_\_\_  
\_\_\_\_\_

6. Subproject Duration: \_\_\_\_\_ Years Starting and  
Completion Date: \_\_\_\_\_

7. Enterprise Contribution (US\$) by Year: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL

8. What components does Enterprise fund (i.e. IEC, Training, salaries commodities, MIS, etc and what is the level of funding (US Dollars) for each component by year)?

9. Local Contribution (US\$) by Year: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL

10. What components does Implementing Agency or business firm fund and what is the level of funding (U.S. dollars) for each component by year?

ENTERPRISE PROGRAM EVALUATION (Employment-Based)

Subproject Title: \_\_\_\_\_

\_\_\_\_\_

Subproject Country: \_\_\_\_\_

Implementing Agency/  
Business Firm: \_\_\_\_\_

Your Name/Title \_\_\_\_\_

A. Program Purpose and Activities

1. Brief summary of the purpose of the sub-project:

2. Describe all planned activities and achievements to date by completing the following matrix:

Planned Activities

Actual Achievement to Date

1.

2.

3.

4.

5.

6.

7.

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3. Describe the staff involved in implementing the family planning program.  
(F = fulltime; PT = part time).

	Number	Male	Female
Supervisors	_____	_____	_____
Doctor	_____	_____	_____
Paramedic	_____	_____	_____
Nurses	_____	_____	_____
Midwives	_____	_____	_____
Other	_____	_____	_____

B. Program Design

1. Taking into account the provision of health and social welfare and other services provided by your company to employees, what priority would you give to family planning services (High priority (10), low priority (1))? Please explain your ranking.
2. Were family planning services provided by your company prior to the Enterprise program?
  - o If yes, describe to what extent (the level of funding on an annual basis). Was funding for these activities provided by your company or a donor agency or both?
  - o If family planning was not provided before the Enterprise program what was the motivating factor for starting family planning?
3. Describe the history of your relationship with the Enterprise Program and the reasons that led you to work with Enterprise.
4. What form of assistance has been provided by Enterprise? How would you rate the quality of this assistance? Was more needed? Would you recommend that Enterprise assistance be changed in any way? If so, in what way?

5. Would you have initiated family planning activity without Enterprise Program funding if your company had simply been shown a cost-benefit study suggesting there would be substantial monetary benefits to the company by providing family planning services to employees?
6. Looking back over your program, are there any ways you would have lowered costs or increased benefits?
7. What effect has the family planning program had on your company or on the attitudes and behavior of employees?
8. What important lessons have been learned by company managers and family planning staff about including family planning services in the workplace?
9. How can your family planning program be improved to make it more effective in the future?

10. a. To the best of your knowledge, what is the likelihood of your firm's continuing the family planning program when Enterprise funding ends?
- b. What will influence this decision?
- c. If you have done cost-benefit studies or other studies, has this affected your decision?

C. Targeted and Actual Acceptors

1. Keeping track of employees who have participated in the FP program is not always easy without the establishment of a monitoring and evaluation system to gather, analyze and use the FP data. Was the subproject originally designed to include such a system? If not, why not? Have you subsequently established system? How useful has your monitoring and evaluation system been in helping you to improve project decision making?

The information required for questions 2 - 11 should come from your monitoring and evaluation system or other subproject records. Please attempt to answer as many of the questions as possible.

- A. How many families are you hoping to reach? Is your focus on employees and/or dependents? What are their socioeconomic circumstances?

B. a. Have you, or in collaboration with the Enterprise Program, undertaken studies to learn about the contraceptors you intend to serve?

b. If so, how have you used the findings of these studies?

C. a. How many family planning acceptors do you hope to serve during the life of the project?

b. Looking back, do you think this target was realistic?

c. Looking forward, do you think your planned target will be achieved?

D. Actual number of Acceptors as of (date) Males \_\_\_\_\_ Females \_\_\_\_\_

E.	Method Mix:		<u>Yes/No</u>	<u>Total Pieces Distributed as of (date)</u>	
	Condoms		_____	_____	
	Orals		_____	_____	
	IUDs		_____	_____	
	Sterilization		_____	_____	(operations performed)
	Other		_____	_____	

F. What number and percentage are new acceptors (never used contraceptives before) and what number and percentage are previous or transfer acceptors (those that have obtained contraceptives previously from another source)?

Number of New Acceptors as of (date): \_\_\_\_\_

Percentage of New Acceptors as of (date): \_\_\_\_\_

Number of Transfer Acceptors as of (date): \_\_\_\_\_

Percentage of Transfer Acceptors as of (date): \_\_\_\_\_

G. From what source were transfer clients receiving family planning services previously? Public sources (i.e., government health/pop programs) or private sources (i.e. private sector physicians)?

H. What are the constraints to reaching projected targets?

I. What are the numbers and percentages of those (by method) who dropped out?

Total Number of Dropouts \_\_\_\_\_ Percentage \_\_\_\_\_

By method:    Number:                      Percentage:

Pill	_____	_____
Condom	_____	_____
IUD	_____	_____
Foam	_____	_____

If you do not have exact figures, please estimate the dropout rates.

J. Major Reasons for dropouts:

ENTERPRISE PROGRAM EVALUATION (PVO)

A. Program Background

1. Subproject Country: \_\_\_\_\_ Subproject Number: \_\_\_\_\_

2. Subproject Title: \_\_\_\_\_  
\_\_\_\_\_

3. Implementing Agency  
Organization: \_\_\_\_\_

4. Telephone Number: \_\_\_\_\_ Telex/Fax: \_\_\_\_\_

5. Your Name/Title \_\_\_\_\_

6. Other Key Personnel: \_\_\_\_\_

7. Subproject Duration: \_\_\_\_\_ Years Starting and  
Completion Date: \_\_\_\_\_

8. Enterprise Contribution (USS) by Year: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL

9. What components does Enterprise fund (i.e. technical assistance, etc) and what is the level of funding (US Dollars) for each component by year?

10. Enterprise Contribution (USS) by Year: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL

11. What components does the Implementing Agency fund and what is the level of this funding (US Dollars) for each component by year?

ENTERPRISE PROGRAM EVALUATION (PVO)

Subproject Title: \_\_\_\_\_

Subproject Country: \_\_\_\_\_

Implementing Agency/  
Organization: \_\_\_\_\_

Your Name/Title \_\_\_\_\_

A. Program Purpose and Activities

1. Brief summary of the purpose of the sub-project:

2. Describe all planned activities and achievements to date by completing the following matrix:

<u>Planned Activities</u>	<u>Actual Achievement to Date</u>
1.	
2.	
3.	
4.	
5.	
6.	
7.	



B. Program Design

1. Describe the history of your relationship with the Enterprise Program and the reasons that led you to work with Enterprise.
2. What form of technical or other assistance has been provided by Enterprise? How would you rate the quality of this assistance? Was more needed? Would you recommend that Enterprise technical assistance be changed in any way? If so, how?
3. What impact has this support had on your organization, if any? How, specifically has Enterprise assistance assisted your organization's capabilities in income generation and management? Are you able to identify any actual results of your organization's improved business skills, e.g., are you able to provide services more cost effectively, or to increase coverage per dollar of inputs? Would you recommend any changes in this regard?

4. Will your organization be able to become self-sustaining as a result of Enterprise assistance? Have other factors influenced the likelihood of your organization's becoming self-sustaining (e.g. other donor support, unexpected costs, etc)? If so, please indicate the amount (in U.S. dollars) of additional funds generated annually by Enterprise support that has led or will lead to sustainability and describe the process through which this has occurred.
5. What additional support could be provided by Enterprise to make your organization more effective in the future?
6. Would you recommend Enterprise assistance to other PVO's? Why or why not?

ENTERPRISE PROGRAM EVALUATION (New Business)

A. Program Background

1. Subproject Country: \_\_\_\_\_ Subproject  
Number: \_\_\_\_\_

2. Subproject Title: \_\_\_\_\_  
\_\_\_\_\_

3. Implementing Agency \_\_\_\_\_  
Organization: \_\_\_\_\_

4. Telephone Number: \_\_\_\_\_ Telex/Fax: \_\_\_\_\_

5. Your Name/Title \_\_\_\_\_

6. Other Key Personnel: \_\_\_\_\_

7. Subproject Duration: \_\_\_\_\_ Years Starting and  
Completion Date: \_\_\_\_\_

8. Enterprise Contribution (US\$) by Year: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL

9. What components does Enterprise fund (i.e. technical assistance, etc) and what is  
the level of funding (US Dollars) for each component by year?

10. Enterprise Contribution (US\$) by Year: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL

11. What components does the Implementing Agency fund and what is the level of  
funding (US Dollars) for each component by year?

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ENTERPRISE PROGRAM EVALUATION (New Business)

Subproject Title: \_\_\_\_\_

Subproject Country: \_\_\_\_\_

Implementing Agency/  
Organization: \_\_\_\_\_

Your Name/Title \_\_\_\_\_

A. Program Purpose and Activities

1. Brief summary of the purpose of the sub-project:

2. Describe all planned activities and achievements to date by completing the following matrix:

Planned Activities

Actual Achievement to Date

1.

2.

3.

4.

5.

6.

7.

B. Program and Design

1. Describe the history of your relationship with the Enterprise Program and the reasons that led you to work with Enterprise.
  
  
  
  
  
  
  
  
  
  
2. What form of technical or other assistance has been provided by Enterprise? How would you rate the quality of this assistance? Was more needed? Would you recommend that Enterprise assistance be changed in any way? If so, how? Could you have carried out this activity without Enterprise support?
  
  
  
  
  
  
  
  
  
  
3. What impact has this support had, if any? How, specifically, has Enterprise assistance upgraded your capabilities? Are you able to identify any actual results of your program/organization's improved skills? Would you recommend any changes in this regard?
  
  
  
  
  
  
  
  
  
  
4. What is the likelihood of the continuation of this project when Enterprise funding ends? Have other factors influenced the likelihood of your organization becoming self-sustaining. If it will be continued, what will be the source of funds? Will the project be entirely self-sustaining as a result of Enterprise assistance or will other types of donor assistance be sought to continue the project?

5. Have you undertaken any studies/financial projections which indicate in dollar terms how Enterprise assistance will contribute to or result in financial sustainability? What were the major findings of these studies/projections?
6. What additional support could be provided by Enterprise to make your program/organization more effective in the future?
7. Would you recommend Enterprise assistance to others? Why or why not?
8. If your subproject has been designed to increase the delivery of family planning services, please complete the following as appropriate:
  - A. How many families are you hoping to reach? Is your focus on employees and/or dependents? What are their socioeconomic circumstances?
  - B. a. Have you, or in collaboration with the Enterprise Program, undertaken studies to learn about the contraceptors you intend to serve?

b. If so, how have you used the findings of these studies?

C. a. How many family planning acceptors do you hope to serve during the life of the project?

b. Looking back, do you think this target was realistic?

c. Looking forward, do you think your planned target will be achieved?

D. Actual number of Acceptors as of (date)      Males \_\_\_\_\_ Females \_\_\_\_\_

E.	Method Mix:		<u>Yes/No</u>	<u>Total Pieces Distributed as of (date)</u>
	Condoms		_____	_____
	Orals		_____	_____
	IUDs		_____	_____
	Sterilization		_____	_____ (operations performed)
	Other		_____	_____

F. What number and percentage are new acceptors (never used contraceptives before) and what number and percentage are previous or transfer acceptors (those that have obtained contraceptives previously from another source)?

Number of New Acceptors as of (date): \_\_\_\_\_

Percentage of New Acceptors as of (date): \_\_\_\_\_

Number of Transfer Acceptors as of (date): \_\_\_\_\_

Percentage of Transfer Acceptors as of (date): \_\_\_\_\_

G. From what source were transfer clients receiving family planning services previously? Public sources (i.e., government health/pop programs) or private sources (i.e. private sector physicians)?

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H. What are the constraints to reaching projected targets?

I. What are the numbers and percentages of those (by method) who dropped out?

Total Number of Dropouts \_\_\_\_\_ Percentage \_\_\_\_\_

By method: Number: Percentage:

Pill	_____	_____
Condom	_____	_____
IUD	_____	_____
Foam	_____	_____

If you do not have exact figures, please  
estimate the dropout rates.

J. Major Reasons for dropouts:



## **Appendix D**

### **Bibliography: Reference Materials Cited and Consulted**

## Appendix D

### Bibliography: Reference Materials Cited and Consulted

#### A. OUTSIDE DOCUMENTATION

Population Information Program. *Employment-Based Family Planning Programs*. 1987.

UNFPA. *Evaluation of Population Education Projects Executed by the ILO in the Asia and Pacific Region*. 1983.

ILO. *Population Programs in the Organized Sector in Africa: A Collection of Country Case Studies*. 1988.

IMPACT, Population Reference Bureau. *Tata Steel Family Welfare Story: Benefits for Company and Community*. 1989.

"Zimbabwe and the Philippines," *Directory of American Firms Operating in Foreign Countries*. Uniworld Business Publications, Inc.

"Zimbabwe," *The Europa Yearbook 1988*. Part One - *International Organizations*. Europa Publications Limited.

#### B. A.I.D.-RELATED DOCUMENTS

A.I.D., Office of Population, Family Planning Service Division. *Family Planning Enterprise*, Project Paper Number 936-3034. May 1985.

Liberi, Dawn and John Rogosch. *Enterprise Project Management Review*. A.I.D., S&T/POP/FPSD, February 4, 1988.

A.I.D. Bureau for Program and Policy Coordination. *A.I.D. Policy Paper Population Assistance*. September 1988.

A.I.D.-JSI-Enterprise Program Contract, September 1985.

Elizabeth Maguire. Trip Report: Brazil. January 16-27, 1989.

Elizabeth Maguire. Trip Report: Brazil. March 2-9, 1989.

Moving into the Twenty-First Century: Principles for the Nineties.

Clark, Sarah. Future Enterprise Strategy in Mexico (Action Memorandum for the Agency Direction for Population), December 9, 1988.

A.I.D. Financing the Delivery of Contraceptives: The Challenge of the Next Twenty Years, October 1988.

Mission Response to Questionnaires: Bolivia, Zambia, Sri Lanka, Indonesia, Egypt, Thailand, Liberia, Madagascar, Cote D'Ivoire, Mexico, Brazil, Nigeria, Kenya, and Ghana.

C. JSI PUBLICATIONS

JSI Semi-Annual Reports and Workplans:

- *Semi-Annual Report*. April 1986.
- *Workplan for Program Year Two and [Second] Semi-Annual Report*. October 1986.
- *Semi-Annual Report*. March 1987.
- *Semi-Annual Report and Work Plan for Project Year 3*. September 1987.
- *Semi-Annual Report*. March 1988.
- *Semi-Annual Report and Work Plan for Program Year Four*. September 1988.

*The Enterprise Program at the Halfway Mark*. January 1988.

*KAP Summaries* (a synopsis of KAP Studies 1-8).

*Policy and Procedures Guidelines*, Volume I.

*Medical Monitoring Manual*.

*Assessing Your Organizational Assets: A Manual for Managers of Private Voluntary Organizations Involved in Family Planning*. Enterprise Training Module One.

*Developing a Company-based Family Planning Program: A Manual for Use by Trainers in Workshops for Managers*. Enterprise Training Module Two.

*Technical Assistance Assignments in the Enterprise Program: An Evaluation of Non-Staff Technical Assistance Assignments*. April 1986-September 1988.

*Enterprise Program Evaluation: A Conceptual Approach and Implementation Plan*. October 1988.

*Cost-Effective Analysis - Selected Enterprise Projects*. January/February 1989. Undated MIS document.

*A Cost-Benefit Study of the Family Planning Program of Benguet Cost-Benefit Corporation's Benguet Gold Operations: Part 1. Retrospective Study 1979 to 1987*. January 1989.

*Market Survey: Women's Health Clinic, Nepal*. New Era.

*Feasibility Study: The Private Sector Family Planning and Child Care Services in Grenada*.

*Needs Assessment: The Identification of Private Hospital Activities and Needs in the area of Family Planning, Philippines*.

*Triangle Limited Mini-Survey of Knowledge, Attitudes, and Practices of Family Planning*.

*Lonrho Baseline Survey*.

*Lever Brothers Nigeria, Ltd. Market Research Study*.

*Knowledge, Attitudes and Practices Among People in the Mining Areas of Benguet*.

*Guthrie Plantations Liberia Inc. KAP Study*.

*Firestone Plantations Company Knowledge, Attitudes and Practices Survey.*

*British American Tobacco KAP Study.*

*Summaries of KAPs and mini-KAPs from Liberia, Nigeria, Philippines, Thailand and Zimbabwe. PDA Factory-Based Family Planning Services Project.*

Cost-effectiveness analysis--selected Enterprise projects.

The Enterprise Program Newsletter and brochure.

*Summary of New Paths to Family Planning Program in Kenya.*

Zimbabwe/Philippines strategy papers (drafts).

Enterprise organizational chart.

Survey instrument (to be utilized with private for-profit institutions to ascertain existence of on-going family planning programs or management interest in starting them), Lever Brothers, Pakistan.

*Reflections on Employee-Based Family Planning Programs.* 1988.

*Philippines Briefing Notebook*

*Zimbabwe Briefing Notebook*

Tadiar, Florence M. *Needs Assessment: The Identification of Private Hospital Activities and Needs in the Area of Family Planning, Philippines.* Private Hospitals Association of the Philippines, Inc. Manila, 1987.

*Trip Report: Bangladesh.* April 19-May 3, 1988.

*Benguet Gold Operations: Responsible Parenthood Program*

*Industry-Based FP Project: Final Technical Report,* Population Center Foundation, Manila, 1987.

*New Paths to Family Planning: The Family Planning Private Sector Programme of Kenya,* JSI, Kenya, 1986.

*Towards Quality Care: Guidelines for Enterprise Program, Family Planning Clinics, and Service Sites,* JSI, 1985.

**D. OTHER MATERIALS GIVEN TO OR REVIEWED BY THE TEAM DURING THE MIDTERM EVALUATION**

- *The Enterprise Program: Addressing the Issue of Sustainability.*
- List of Enterprise Program projects broken down by theme, i.e., employee-based, PVO sustainability or new business venture.
- List of Enterprise Program workshops and conferences.
- *Regional Workshop on Family Planning in the Commercial Sector in Latin America.* May 30-June 4, 1988.

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- *Regional Workshop on Family Planning in the Commercial Sector for Anglophone Africa.* October 1986.
- *Regional workshop on Family Planning in the Commercial Sector for Asia.* Jakarta, Indonesia. August 1987.
- *Workshop on Self-Reliance for Philippine Non-Governmental Organizations.* May 1987.
- Description of Enterprise Program training modules.
- *The Enterprise Program: Original Assumptions and Current Experience.* Paper addressing Enterprise Program design issues.
- *Collaboration Between PVOs and For-Profit Organizations for the Delivery of Family Planning Services.* Paper addressing Enterprise Program design issues.
- List of Enterprise Program long-term regional advisors and locations.
- Constraints to involving the private sector in family planning service delivery.
- Contractor relations.
- Management Information System overview.
- Enterprise Program regional and country strategies.
- Regional and country planning for the Enterprise Program.
- Spin-Off effects of Enterprise Program activities.
- Summaries of Enterprise Program subproject service statistics.
- "Quality of Services -- Medical Monitoring," Section VII from *Enterprise Program Staff Handbook*.
- Cost-benefit studies.
- *Enterprise Program Family Planning Project - Cost/Benefit Study, Phases One and Two,* Zimbabwe, Price Waterhouse. August 25, 1988. (Draft)
- List of Enterprise Program projects that involve income generation.
- The Enterprise Program and cost recovery.
- Internal monitoring-subproject monitoring, including job descriptions for Project Monitors and Program Associates.
- Enterprise Program information system -- stand-alone system.

- Trip Reports from:  
Philippines -- Nancy Harris  
Zimbabwe -- Reed Wulsin  
Thailand -- Cathy Fort  
Morocco -- C. Cantlay  
Nepal -- Jet Riparip
- Subprojects with cost-benefit analysis built into their design.
- Summary statement on Enterprise Program multi-country workshops. December 12, 1988.
- Memo to Barbara Pillsbury from Joel Montague and Nancy Harris - "Examples of Enterprise Program Activities with Health Care Markets."
- Memo to Barbara Pillsbury from the Management Committee - "Thoughts on design of a follow-on project to the Enterprise Program."
- Memo to Barbara Pillsbury from Joel Montague. "Enterprise Business Experience." February 7, 1989.
- Definitions (Service Statistic Terms)
- Family Planning and the Private Sector: Enterprise Program Collaboration with International Private Enterprise

# Appendix E

## Tables

## **Appendix E**

### **Tables\***

Table E1:	Overview of Enterprise Major Subproject Categories
Table E2:	Employment-Based Programs
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*\* All tables were produced by the Evaluation Team based on a variety of materials provided by the Enterprise Project.*



Table E1: Overview of Enterprise Major Subproject Categories

EMPLOYMENT-BASED PROGRAMS	PVO SUSTAINABILITY	NEW BUSINESS VENTURES
<p><b>A. On-site Clinic Support</b></p> <p>Subprojects initiated under this category have provided seed money for establishing or upgrading family planning services within on-site clinics in commercial companies. Funding has been used to support a variety of activities including: establishment and monitoring of services; training of clinical personnel; development and distribution of IEC materials; implementation of KAP, baseline, and cost-benefit studies; equipment; outreach activities; and clinic personnel. Nearly all of the subprojects under the category employment-based programs fall under this heading.</p> <p><b>B. Mobile Service or Commodity Distribution Schemes</b></p> <p>Under the mobile service or commodity distribution scheme, support is provided to a series of outlets or factories where family planning has not been established. This model is used to provide services to smaller factories that don't provide the scale required to allow on-site services to be economically attractive.</p> <p><b>C. Contractual Service Delivery Model</b></p> <p>The contractual service delivery model links firms to experienced PVO's and IPPF affiliates to obtain high quality clinical or technical services. In addition to serving acceptors, this model enables family planning organizations to recover costs by selling their services to profit making entities.</p> <p><b>D. Multi-Site Community Outreach and Referral Support</b></p> <p>Multi-site community outreach and referral approaches are designed to develop an appropriate community referral network or pattern so that potential contraceptive acceptors can receive services at many sites. This is often used when firm managers cannot or do not wish to manage on-site clinics themselves or when no single family planning agency is available.</p>	<p><b>A. NGO Resource Mobilization (Income Generation)</b></p> <p>EP's support for resource mobilization programs focuses on helping NGOs identify and utilize resources for revenue generation. Project and technical assistance mechanisms have been used to assist NGOs to improve managerial capability and prepare business plans for income generation schemes.</p> <p><b>B. Analysis, Cost Containment and Program Planning</b></p> <p>The EP has provided assistance to NGOs in the area of cost containment, analysis and planning. Activities in this area attempt to define where and at what level resources are located within a PVO, how they can be utilized, and how they should be allocated across various sectors and services in a given NGO. To facilitate this work, the EP produced a manual entitled <u>Assessing Your Organizational Assets: A Manual for Managers of Private Voluntary Organizations Involved in Family Planning</u>.</p> <p><b>C. Alternative Forms of Service Delivery</b></p> <p>As part of this approach, the experience and training capabilities of local PVOs have been translated into opportunities to earn revenue while fulfilling their organizational mandates.</p>	<p><b>A. Business or Family Planning Skills Development for Private Practitioners</b></p> <p>Private practitioners (nurse/midwives, physicians and specialists) can be a major source of contraceptives. In many countries, even countries with well developed public sector programs, they represent an under-utilized resource because they lack the necessary training, access to low-cost contraceptives or IEC materials, or the skills and motivation to market themselves in this sector. Private hospitals, another important resource, are also generally under-utilized, and this is often because they fail to recognize the income generation potential of this service. As part of this approach Enterprise assists private groups to initiate for-profit family planning activities.</p> <p><b>B. Pharmacists' Training and Distribution Schemes</b></p> <p>In most developing countries, oral contraceptives can be purchased over the counter in commercial pharmacies. As part of this approach EP is seeking cost effective ways of improving this key avenue of distribution.</p> <p><b>C. Marketing</b></p> <p>Local availability of a range of high quality contraceptives at reasonable prices is taking on increased importance as donor-provided contraceptives become less available and as donor-provided contraceptives become less available and as country demand and in-country production capabilities increase. The expanded distribution of low cost contraceptives through commercial or quasi-commercial channels has been a concern of AID. While EP has not funded social marketing per se, they have supported areas where program activities support existing subsidized sales programs or where commercial contraceptive sales, at reduced consumer cost, could be enhanced.</p>

Table E2: Employment-Based Programs

### SUBPROJECTS\*

- Societe FRIGUIA, Guinea
- Firestone Plantation, Liberia
- Guthrie Plantations, Liberia
- PAPMAD/ Paperies, Madagascar
- FNI/ National Investor's Fund, Madagascar
- Lever Brothers, Nigeria
- Mobil, Nigeria
- NITEL, Nigeria
- Uganda Breweries Limited, Uganda
- Maamba Collieries, Zambia
- British America Tobacco, Zimbabwe
- Triangle Industries, Zimbabwe
- Lonrho, Zimbabwe
- Commercial Farmers Union, Zimbabwe
- Indian Employers Association, India
- CIE/ILO Conference/Casebook, India
- Punjab Harayana Delhi, India
- PT Gamay Djaja FP, Indonesia
- Societe Industrielle Chellah Confection, Morocco
- Office Cherifien des Phosphate, Morocco
- JCF/ Janakpur Cigarette Factory, Nepal
- HCI/ Hetauda Cement Industry, Nepal
- The Guard Group, Pakistan
- Matling Industrial, Philippines
- Personnel Managers Association, Philippines
- Population Center Foundation, Philippines
- Benguet Mining Corporation, Philippines
- PS Lanka/Janatha Estates Development Board, Sri Lanka
- PDA Factory Based and MIS, Thailand
- CIS Family Planning IEC for Private Firms, Bolivia
- ENFE, Bolivia
- Junta Benefi. Guayaquil/APROFE, Ecuador
- Ceramica Regiomontana, Mexico
- Grupo Gamesa (Monterrey), Mexico
- Nabisco - Famosa, Mexico
- Grupo Gamesa (Obregon), Mexico
- Industrias Unidas, Mexico
- Comtex, Mali
- Sonatam, Mali

### TECHNICAL ASSISTANCE

Technical assistance with the employment-based programs utilizing external or in-house consultants has included the following projects.

- P.T. Gamay Djaja Project, Indonesia
- PS Lanka/Janatha Estate Development Board Project, Sri Lanka
- Beneguet Mines Project, Philippines
- Guard Group Project, Pakistan
- Bolivia Family Planning Projects
- Mexico Projects
- Burundi and Guinea Project Development
- Lever Brothers Project
- Office Cherifien des Phosphates
- Leventis Project
- Madagascare Private Sector Projects
- Private Companies: Mali, Guinea, Burkina Faso
- PDA, Thailand
- JIRAMA, Madagascar
- Price Waterhouse, Zimbabwe

### MODULES/WORKSHOPS

#### Training Module:

Developing Company-Based Family Planning Programs: A Module for Use by Trainers in Workshops for Managers

#### International Workshops:

- Anglophone Africa Workshop (in Kenya, 35 private-sector participants from 10 countries) with JSI/Family Planning Private Sector Project
- Asia Regional Workshop (in Indonesia, 51 participants from 9 countries)
- Francophone Africa Workshop (in Senegal, 42 participants from 14 French-speaking countries)
- Latin America and Caribbean Workshop (in the Dominican Republic, 26 participants from 6 countries)

#### Country Workshops:

- Family Planning in the Private Sector, Nigeria
- Corporate Sector Family Planning, India

\*These categorizations are based on Enterprise January 1989 MIS printout.

Tables E3 & E4: PVO/NGO Sustainability Programs and New Business Ventures

PVO SUSTAINABILITY PROGRAMS		
SUBPROJECTS	TECHNICAL ASSISTANCE	MODULES/WORKSHOPS
<ul style="list-style-type: none"> <li>- Gambia FP Association Seminar, Gambia</li> <li>- PPAZambia Strengthening, Zambia</li> <li>- Zimbabwe National FP Council, Zimbabwe</li> <li>- YKB Foundation Business Development Project, Indonesia</li> <li>- NGO Council, Philippines</li> <li>- CPAIMC Ultrasound, Brazil</li> <li>- Sophia Feldman Hospital, Brazil</li> <li>- Pro-Pater Semen Lab, Brazil</li> <li>- ASHONPLAFA MIS Development, Honduras</li> </ul>	<p>Major Technical Assistance has been provided directly to the following organizations:</p> <ul style="list-style-type: none"> <li>- Population Center Foundation, Philippines</li> <li>- Planned Parenthood Federation of Nigeria, Nigeria</li> <li>- Family Planning Association of Pakistan, Pakistan</li> <li>- YKB, Indonesia</li> <li>- PDA, Thailand</li> <li>- Mustimat, Indonesia</li> <li>- PPFN Nigeria, Nigeria</li> <li>- ASHONPLAFA, Honduras</li> <li>- Planned Parenthood Association of Zambia</li> </ul>	<p><b>Training Module:</b></p> <p><u>Assessing your Organizational Assets: A Manual for Managers of Private Voluntary Organizations Involved in Family Planning</u></p> <p><b>International Workshop:</b></p> <ul style="list-style-type: none"> <li>- Latin America (in Ecuador, 21 participants from 5 counties)</li> </ul> <p><b>Country Workshops:</b></p> <ul style="list-style-type: none"> <li>- Philippines (in Baguio, country specific, 21 participants)</li> <li>- Sri Lanka (in Colombo, country specific, 16 participants)</li> <li>- PPFN (Nigeria-organization specific, 33 participants)</li> </ul>
NEW BUSINESS VENTURES		
SUBPROJECTS	TECHNICAL ASSISTANCE	MODULES/WORKSHOPS
<ul style="list-style-type: none"> <li>- MEXFAM Community Doctors Child Survival Project, Mexico</li> <li>- MDPI/Ghana Midwives, Ghana</li> <li>- A. G. Leventis, Nigeria</li> <li>- Health Insurance Organization, Egypt</li> <li>- BPWC/Business Women's Professionals, Nepal</li> <li>- PKMI Sterilization Center Feasibility, Indonesia</li> <li>- PDA Market Survey, Thailand</li> <li>- TDRI/Thailand Private Study, Thailand</li> <li>- Turkish Family Health and Planning Fdn, Turkey</li> <li>- ADOPLAFAM, Honduras</li> <li>- PROTA/Proteccion Anticoncept, Dominican Republic</li> <li>- MEXFAM Community Doctors, Mexico</li> </ul>	<p>Major Technical Assistance has been provided directly to the following organizations:</p> <ul style="list-style-type: none"> <li>- Lagos Board of Traditional Healers, Nigeria</li> <li>- Ghana Midwives Association</li> <li>- MEXFAM program sustainability and evaluation</li> <li>- Philippine Hospital Association, Philippines</li> <li>- APRISA Market Research, Brazil</li> <li>- New Era, Nepal</li> <li>- Health Insurance Organization, Egypt</li> </ul>	<p>As of yet no modules or workshops have been developed which focus on the New Business Ventures Component.</p>

Table E5

## Acceptor Data for Family Planning Service Delivery Subprojects

SUBPROJECTS	DATE BEGIN	PERIOD (MONTHS)	TARGET ACCEPTORS	ACCEPTORS TO DATE	ACCEPTORS NEW   CONT	TRANSFER ACCEPTORS	DROPOUTS	INFO DATES
- Societe FRIGUIA, Guinee	10/88	24 M New	1,360	0	N/A	N/A	N/A	
- Guthrie Planations, Liberia	01/88	24 M	700	• 590	416   174	174	10	01/89
- Firestone Planation, Liberia	01/88	6 M						
- PAPMAD/ Papetries, Madagascar	10/88	12 M New	280	0	N/A	N/A	N/A	
- FNI/ National Investor's Fund, Madagascar	10/88	12 M New	465	0	N/A	N/A	N/A	
- Lever Brothers, Nigeria	08/86	36 M	1,600	881	N/A	N/A	N/A	
- Mobil, Nigeria	04/88	12 M	1,037	0	N/A	N/A	N/A	
- NITEL, Nigeria	02/88	13 M	2,500	134	N/A	N/A	N/A	
- Uganda Breweries Limited, Uganda	12/87	24 M	758	• 287	182   105	21	?	01/89
- Maamba Collieries, Zambia	10/88	17 M New	1,230	0	N/A	N/A	N/A	
- British America Tobacco, Zimbabwe	02/88	18 M	420	• 213	213   0	?	78	01/89
- Triangle Industries, Zimbabwe	10/87	24 M	2,300	• 609	242   347	20	N/A	06/88
- Commercial Farmers Union, Zimbabwe	10/87	18 M	5,000	• 418	350   68	68	N/A	06/88
- Lonrho, Zimbabwe	01/88	18 M	7,013	• 3,906	860   3046	40	330	01/89
- Indian Employers Association, India	10/88	24 M New	1,512	0	N/A	N/A	N/A	
- CIE/ILO Conference/Casebook, India	10/88	8 M New						
- Punjab Harayana Delhi, India	09/88	24 M New	6,000	0	N/A	N/A	N/A	
- PT Gamay Djaja FP, Indonesia	12/87	24 M	400	325	N/A	N/A	N/A	
- Societe Industrielle Chellah Confection, Morocco	06/88	18 M	350	0	N/A	N/A	N/A	
- Office Cherifien des Phosphate, Morocco	11/88	24 M New						
- JCF/Janakpur Cigarette Factory, Nepal	10/88	18 M New	822	0	N/A	N/A	N/A	
- HCI/Hetauda Cement Industry, Nepal	10/88	18 M New	385	0	N/A	N/A	N/A	
- The Guard Group, Pakistan	05/88	24 M	4,000	563	N/A	N/A	N/A	
- Population Center Foundation, Philippines	09/87	36 M	5,000	• 807	673   134	0	4	08/88
- Matling Industrial, Philippines	10/87	24 M	1,200	• 654	239   404	11	13	10/88
- Benguet Mining Corporation, Philippines	01/88	12 M	750	• 495	198   297	11	24	10/88
- Personnel Managers Association, Philippines	10/88	24 M New	6,292	0	N/A	N/A	N/A	
- PS Lanka/Janatha Estates Development Board	12/88	36 M New	14,000	555	N/A	N/A	N/A	
- PDA Factory Based and MIS, Thailand	10/86	24 M	29,000	0	N/A	N/A	N/A	
- CIS Family Planning IEC for Pvt Firms, Bolivia	09/86	18 M	378	1,788	N/A	N/A	N/A	
- ENFE, Bolivia	01/87	27 M	6,000	0	N/A	N/A	N/A	
- Junta Benefi. Guayaquil/APROFE, Ecuador	03/88	18 M	500	0	N/A	N/A	N/A	
- Industrias Unidas, Mexico	04/87	24 M	1,750	2,238	N/A	N/A	N/A	
- Ceramica Regiomontana, Mexico	01/87	12 M	334	207	N/A	N/A	N/A	
- Grupo Gamesa (Monterrey), Mexico	11/87	12 M	400	364	N/A	N/A	N/A	
- Nabisco - Famosa, Mexico	11/87	12 M	423	61	N/A	N/A	N/A	
- Grupo Gamesa (Obregon), Mexico	11/87	72 M	400	359	N/A	N/A	N/A	
- Comatex, Mali	12/88	21 M New		0	N/A	N/A	N/A	
- Sonatam, Mali	12/88	21 M New		0	N/A	N/A	N/A	

• Information collected from subproject survey questionnaires.

Table E6

**Enterprise Program  
Collaboration between For-Profit Organizations and PVOS**

PVO	FOR-PROFIT ORGANIZATIONS	COUNTRY
PPFN	Lever Bros.	Nigeria
YKB	P.T. Grmay Djaya	Indonesia
PDA	Numerous companies	Thailand
CIS	ENFE	Bolivia
MEXFAM	IUSA	Mexico
APROFE	Junta	Ecuador
PPFN	Mobil	Nigeria
PPFN	NITEL	Nigeria
PCF	Matling Benguet PMAP Numerous companies	Philippines
ZNFPC	BAT Triangle CFU Lonrho	Zimbabwe
FPAU	Uganda Breweries	Uganda
PSLanka	JEDB	Sri Lanka
Prosuperacion Familiar	Ceramica Reg. Gamesa Mont. Nabisco Gamesa Obregon	Mexico
Gambia FPA	Labor unions	Gambia
CPAIME	Will deliver services to companies	Brazil
FPAP	Guard	Pakistan

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Table E7: Summary of Workshops

INTERNATIONAL WORKSHOPS				
DATE/VENUE	WORKSHOP	CATEGORY/SCOPE	CLIENT	PARTICIPANTS
September 1-5, 1986, Quito Ecuador	Latin America Regional Workshop, "Practice of Management Principles"	PVO Sustainability (International)	9 Family Planning PVOs from 5 Latin American Countries	21 Senior Managers
October 7-10, 1986, Nairobi, Kenya	African Regional Workshop, "Family Planning in the Commercial Sector"	Employment-Based Programs (International)	Commercial Firms in Anglophone African Countries	35 Business Persons with supervisory Responsibilities for Employee Benefits
August 24-28, 1987, Jakarta Indonesia	Asia Regional Workshop, "Family Planning in the Commercial Sector"	Employment-Based Programs (International)	Commercial Firms in 8 Asian Countries (Plus Egypt)	51 Business Persons Supervisory Responsible for Employee Benefits
November 9-14 1987, Dakar, Senegal	Francophone Africa Regional Workshop, "Family Planning in the Commercial Sector"	Employment-Based Programs (International)	Commercial Firms in Francophone African Countries	Business Persons with Supervisory Responsibilities for Employee Benefits
May 30 - June 4, 1988, Dominican Republic	"Family Planning in the Commercial Sector in Latin America"	Employment-Based Programs (International)	Commercial Firms in Latin American Countries	30 Senior Management Officials
COUNTRY SPECIFIC WORKSHOPS				
May 5-8, 1987 Baguio City, Philippines	"Self Reliance for Philippine NGO's"	PVO Sustainability (Country Specific)	11 Key Philippine NGOs with Family Planning Programs	21 Senior Managers
May 22-27, 1988, Sri Lanka	"Self-Reliance for Sri Lanka Family Planning PVOs"	PVO Sustainability (Country Specific)	4 Sri Lankan Family Planning PVOs	22 PVO Officials
September 29-30, 1988, Lagos, Nigeria	"Family Planning in the Private Sector"	Employment-Based Programs (Country Specific)	Co-sponsored by Mobile Oil Nigeria and the Society of Occupational Health Physicians of Nigeria	58 Participants from 16 Nigerian States
April 13-15, 1988, Banjul, Gambia	"Family Planning in the Private Sector Gambia	Employment-Based Programs (Country Specific)	Gambia Workers Confederation	29 Trade Unionists
Lagos, Nigeria Workshop (Three Components)				
1) May 4-10, 1986	"Organizational Improvement Strategies"	PVO Sustainability (Country Specific)	Planned Parenthood Federation of Nigeria (PPFN)	16 Senior Managers and Board Members of PPFN
2) May 11-17, 1986 ASCON	"Managerial Improvement"	PVO Sustainability (Country Specific)	PPFN	15 Senior Headquarter's and Regional Staff
3) May 18-24, 1986 ASCON	"Practice of Management Principles"	PVO Sustainability (Country Specific)	PPFN	15 Senior Headquarter's and Regional Staff

Table E8: Subproject Financial Data

SUBPROJECTS	STARTING DATE	PERIOD	ENTERPRISE BUDGET (US \$)	LOCAL BUDGET (US \$)	TOTAL BUDGET (US \$)
- Societe FRIGUIA, Guinee	10/01/88 - 09/31/90	24 Months	15,550	33,637	49,187
- Guthrie Plantations, Liberia	01/15/88 - 01/10/90	24 Months	143,003	155,185	298,188
- Firestone Plantation, Liberia	01/11/88 - 07/14/88	6 Months	51,054	50,950	102,004
- PAPMAD/ Papetries, Madagascar	10/01/88 - 10/01/89	12 Months	12,362	16,616	28,978
- FNI/ National Investor's Fund, Madagascar	10/01/88 - 10/01/89	12 Months	18,916	35,873	54,789
- Lever Brothers, Nigeria	08/11/86 - 03/31/89	36 Months	35,550	0	35,550
- Mobil, Nigeria	04/01/88 - 03/31/89	12 Months	28,162	40,450	68,612
- NITEL, Nigeria	02/01/88 - 03/31/89	13 Months	63,583	37,984	101,567
- Uganda Breweries Limited, Uganda	12/01/87 - 11/30/89	24 Months	45,855	15,095	60,950
- Maamba Collieries, Zambia	10/01/88 - 03/31/90	17 Months	26,633	12,373	39,006
- British America Tobacco, Zimbabwe	02/01/88 - 07/31/89	18 Months	41,579	8,905	50,484
- Triangle Industries, Zimbabwe	10/01/87 - 09/30/89	24 Months	36,336	62,396	98,732
- Commercial Farmers Union, Zimbabwe	10/01/87 - 03/31/89	18 Months	31,120	50,412	81,532
- Lonrho, Zimbabwe	01/01/88 - 06/30/89	18 Months	56,262	95,215	151,477
- Indian Employers Association, India	10/01/88 - 09/30/90	24 Months	198,400	231,092	429,492
- CIE/IO Conference/Casebook, India	10/01/88 - 03/31/89	8 Months	35,615	56,738	92,353
- Punjab Harayana Delli, India	09/30/88 - 09/29/90	24 Months	67,923	51,231	119,154
- PT Gamay Djaja FP, Indonesia	12/01/87 - 08/08/88	24 Months	22,000	6,541	28,541
- Societe Industrielle Chellah Confection, Morocco	06/01/88 - 12/01/89	18 Months	15,554	4,214	19,768
- Office Cherifien des Phosphate, Morocco	11/01/88 - 10/30/90	24 Months	125,420	138,098	263,518
- JCF/Janakpur Cigarette Factory, Nepal	10/01/88 - 04/30/90	18 Months	28,220	21,900	50,120
- HCI/Hetauda Cement Industry, Nepal	10/01/88 - 04/30/90	18 Months	18,820	16,532	35,352
- The Guard Group, Pakistan	05/05/88 - 05/05/90	24 Months	213,281	110,090	323,371
- Population Center Foundation, Philippines	09/01/87 - 08/31/89	36 Months	165,178	213,705	378,883
- Matling Industrial, Philippines	10/15/87 - 10/30/89	24 Months	62,042	30,183	92,225
- Benguet Mining Corporation, Philippines	01/15/88 - 12/31/89	12 Months	90,323	77,894	168,217
- Personnel Managers Association, Philippines	10/01/88 - 09/30/90	24 Months	81,157	136,043	217,200
- PS Lanka/Janatha Estates Development Board	12/01/87 - 12/31/90	36 Months	249,447	229,195	478,642
- PDA Factory Based and MIS, Thailand	10/01/86 - 12/31/89	24 Months	303,139	63,248	366,387
- CIS Family Planning IEC for Private Firms, Bolivia	09/01/86 - 02/28/88	18 Months	112,070	14,782	126,852
- ENFE, Bolivia	01/11/87 - 01/31/90	27 Months	165,185	1,394,182	1,559,367
- Junta Benefi. Guayaquil/APROFE, Ecuador	03/01/88 - 09/30/89	18 Months	51,025	5,000	56,025
- Industrias Unidas, Mexico	04/01/87 - 05/31/89	24 Months	43,108	6,600	49,708
- Ceramica Regionmontana, Mexico	01/01/87 - 12/31/88	12 Months	38,034	0	38,034
- Grupo Gamesa (Monterrey), Mexico	11/01/87 - 10/31/88	12 Months	43,216	0	43,216
- Nabisco - Famosa, Mexico	11/01/87 - 10/31/88	12 Months	41,416	0	41,416
- Grupo Gamesa (Obregon), Mexico	11/01/87 - 10/31/88	72 Months	39,893	0	39,893
- Comatex, Mali	12/15/88 - 12/15/90	21 Months	36,875	13,226	50,101
- Sonatam, Mali	12/15/88 - 12/15/90	21 Months	36,680	11,000	47,680
- MDPI/Ghana Midwives, Ghana	07/01/88 - 03/31/90	20 Months	68,785	0	68,785
- A. G. Leventis, Nigeria	04/15/88 - 12/14/88	8 Months	39,631	7,556	47,187
- Price Waterhouse, Zimbabwe	06/01/88 - 09/30/89	16 Months	32,460	0	32,460
- Health Insurance Organization, Egypt	08/15/88 - 09/30/90	25 Months	532,571	Buy-in	532,571
- BPWC/Business Women's Professionals, Nepal	10/01/88 - 04/30/90	18 Months	72,903	3,060	75,963
- PDA Market Survey, Thailand	11/01/86 - 10/31/87	12 Months	55,000	3,153	58,153
- TDRI/Thailand Private Study, Thailand	10/01/88 - 10/01/90	24 Months	200,000	0	200,000
- Turkish Family Health and Planning Fdn, Turkey	10/01/88 - 09/30/90	24 Months	77,132	53,492	130,624
- ADOPLAFAM, Dominican Republic	10/01/88 - 10/31/90	15 Months	135,352	54,424	189,776
- PROTA/Proteccion Anticoncept, Mexico	11/01/86 - 12/31/88	24 Months	173,100	0	173,100
- MEXFAM Community Doctors, Mexico	11/01/86 - 10/31/88	24 Months	153,049	0	153,049
- PKMI Sterilization Center Feasibility, Indonesia	08/09/86 - 02/09/88	18 Months	51,447	800	52,247
- Gambia FP Association Seminar, Gambia	10/01/87 - 06/30/88	9 Months	4,000	0	4,000
- JIRAMA, Madagascar	10/01/88 - 04/30/90	18 Months	31,920	10,299	42,219
- PPAZambia Strengthening, Zambia	04/30/88 - 09/30/89	12 Months	23,108	4,884	27,992
- Zimbabwe National FP Council, Zimbabwe	08/01/88 - 07/31/90	24 Months	26,572	90,908	117,480
- YKB Found. Business Develop. Proj., Indonesia	08/09/86 - 08/31/89	28 Months	105,052	0	105,052
- NGO Council, Philippines	10/01/88 - 09/30/90	24 Months	50,000	100,000	150,000
- CPAIMC Ultrasound, Brazil	07/01/88 - 06/30/90	24 Months	27,800	2,160	29,960
- Sophia Feldman Hospital, Brazil	07/01/88 - 06/30/89	12 Months	45,250	0	45,250
- Pro-Pater Semen Lab, Brazil	11/30/88 - 05/31/90	18 Months	67,200	76,480	143,680
- ASHONPLAFA MIS Development, Honduras	07/31/88 - 07/31/89	12 Months	102,000	13,000	115,000
- MEXFAM Comm. Doct. Child Survival, Mexico	11/01/86 - 10/31/88	24 Months	99,541	75,454	174,995

**Appendix F**

**Cost/Benefit (or Financial) Analysis**



## Appendix I

### Cost/Benefit (or Financial) Analysis

Terminology. Calling the financial analysis done in this project cost-benefit analysis (CBA) can be slightly misleading to those familiar with the history of and conceptual underpinnings of cost-benefit analysis. Although this terminology is widespread in the family planning literature, such a misuse will perhaps be interpreted as lack of understanding (which it may in fact be) by private sector economists and others well enough trained in the method to recognize the lack of precision in use of terms. Actual CBA is designed to consider all costs and benefits, including social, so that projects can be evaluated for which private benefits and private costs are significantly tempered by social benefits or costs. The technique was, in fact, created to be used almost exclusively by governments in situations where private benefit and private cost analysis would not be feasible, or would lead to socially less than optimal results.

The analysis used in the Enterprise project is actually nothing more than a firm profitability analysis. (Profits are defined as revenues minus costs; in these exercises, profits are increased mainly by the reduction of the costs of such things as maternity leaves and health care for employees and their dependents.) Its use will not assure that socially valuable projects will be done unless they are financially rewarding in terms of the net private benefits to the firms. The same logic that underlies the use of cost-benefit analysis suggests that projects which are attractive on the basis of firm profitability analysis will be undertaken by well-informed firms on the basis of their own private welfare; it is for those projects that will not be financially appealing for the private firms that social cost-benefit analysis (real cost-benefit analysis) is necessary.

Need for financial analysis. Furthermore, it appears that full financial (cost/benefit) analysis is not necessary. Many of the private sector managers appear to have been impressed by the discussion of the financial benefits of family planning, but seem very skeptical of the attempt to quantify such benefits exactly. A hypothetical example of the probable small costs of a family planning program and the possible (feasible) large financial benefits to the firm would probably serve the same educational purpose at a much smaller cost in time and effort. The Population Center Foundation in the Philippines, for example, has found it very adequate in introducing managers to the idea of industry-based family planning to give them a small, attractively designed pamphlet which summarizes savings realized by a (real) local garment manufacturer who provides family planning services to his employees.

Marketing Tool: Enterprise's financial analyses, as designed, unfortunately are actually of little value except as public relations tools--though perhaps this is not considered a problem by the contractor since one of the staff made this point almost this explicitly in conversations with evaluation team members.

Enterprise's financial analyses are not designed so that the results will be useful for evaluation. The data used do not even allow the actual addition to contraceptive usage among workers to be determined; for this reason the "benefit" estimates are simply incorrect. Many of the users who are counted as creating benefits for the firm because they are using contraceptives in the subproject may in fact be individuals who already were contracepting before the initiation of the subproject or would have been contracepting in the absence of the subproject. The subproject could be shown by the data as having large benefits when it actually only attracted its acceptors from other private sources or from alternative (possibly more effective!) methods. The only thing

that is of benefit to the firm is for there to be added users who would not have been users in the absence of the program; the design of this project's data collection system allows it to claim benefits where there are none.

Conclusion: Enterprise's "cost-benefit" analysis design is faulty and the term "cost-benefit" is misleading, given the methodology being used.

Net Benefits Preferred to Ratio. If the financial analysis (CBA) is to be done, and numerical results presented to the firms, the net financial benefits (B-C) should be presented rather than the ratio of benefits to costs (B:C [a ratio]). The ratio result is not as conceptually correct as the net result (for one thing, the ratio result is sensitive to project size), and the net gains approach tends to be more understandable and credible to business managers.

Technical Evaluation. Enterprise's cost-benefit methodology, as presented in several documents, is technically incorrect, even if the assumptions of the contractor are accepted. Price Waterhouse of Zimbabwe, a firm being used by JSI in a consultant role, points out: (1) that the use of average costs rather than marginal costs not only is technically incorrect, but may lead to overestimates of costs; (2) that there is a mistake in the total cost of pregnancies equation; and (3) that total costs of the project to all who pay (A.I.D., other funders, and the firm) must be included in the costs analyzed. Price Waterhouse also points out the insufficiency of the handling of fixed as opposed to variable costs.

Discussions with Price Waterhouse in Zimbabwe revealed, in fact, that the firm was not able to use the Enterprise methodology. It did carry out an exercise comparing its own approach to the Enterprise approach (with necessary assumptions made even to get the method to be mathematically calculable) and found that the Enterprise method resulted in an estimate of net benefits of over three times those estimated by the Price Waterhouse method.

Even the Price Waterhouse method has serious shortcomings, however. No attempt is made to sort out those acceptors who are categorized as new, yet in reality are transfers from other methods, from true first time users. There is also a lack of concern over the problem of determining which first time users would have become users from some other source, even if the Enterprise project had not been started. Price Waterhouse staff made a statement of the general nature that those kinds of questions were best left to behavioral scientists, not to cost-benefit analysis of projects. They also admitted that the data being collected are insufficient to answer such questions as how many births are actually averted or how many new acceptors actually result from a subproject.

The Price Waterhouse personnel did make the very valid point that evaluation of such long-term projects over only 2 or 3 years can lead to seriously misleading conclusions. On the one hand, benefits of the project may continue many years into the future but, on the other, after the project ends efforts may be reduced, so that the levels of benefits measured during the early period of exuberance and concerted effort actually do not continue.

The actual equations, as presented in the summary document that describes the CBA, have other problems that effectively make them incorrect. In the total savings equation a term that combines total maternal and child health costs plus total cost of pregnancies is divided

by the total number of women and children; this is an exercise which results in a number that in fact is total health costs per woman and child, a useless number for the purposes of the exercise. Births averted should be multiplied by savings of maternity and other costs per birth and to this should be added child health costs saved per birth averted. Neither of these numbers can be obtained by dividing a cost by the total of both women and children.

The total cost of pregnancies equation (as rewritten by hand on the second page of the document) is incorrect for similarly simple reasons. Effectively, total births per year is multiplied by maternity costs per woman per year, rather than per birth. (If the correct, per birth, term were used, the result would be total cost of births for all women.) At that point this number is multiplied by a term called "prevalence rate of new users," a never defined term, but one that perhaps means the percentage of total women that are new users. If that is the case, the result will be a number that is the saving that would result if all new users had no births, rather than having the average number of births. The assumption then is that contraceptive users, irrespective of the method chosen, have no pregnancies (i.e., that all contraceptive methods as actually practiced are 100% effective). The estimated benefits of the program, therefore, are based on exactly this assumption of perfect contraceptive efficiency.

The births averted equation is completely incorrect for more complex reasons. It, in effect, multiplies the number of women by births per woman per year (resulting in an estimate of births per year if this project were not operating), and then multiplies this term by "prevalence rate of new users." To correctly determine the births averted, however, one must know how many women would be using contraceptives in the absence of the project, how many users are added by the project, and the probabilities of getting pregnant during the year when using contraceptives and when not. One also would need to know the contraceptive use mix and effectiveness of each method for both old and new users. If all the above described information were available, an equation could predict the number of births both without the project and with it, and the difference would be births averted. If, for illustration, we assume the effectiveness of the methods chosen by old and new contraceptors is the same, the correct equation would be:

$$\begin{aligned} (\text{BIRTHS AVERTED}) = & [(\text{TOTAL USERS WITHOUT THE PROJECT}) \times \\ & (\text{PROBABILITY OF BIRTH FOR USERS}) + (\text{TOTAL NONUSERS WITHOUT} \\ & \text{THE PROJECT}) \times (\text{PROBABILITY OF BIRTH FOR NONUSERS})] - [(\text{TOTAL} \\ & \text{USERS WITH THE PROJECT}) \times (\text{PROBABILITY OF BIRTH FOR USERS}) \\ & + (\text{TOTAL NONUSERS WITH THE PROJECT}) \times (\text{PROBABILITY OF BIRTH} \\ & \text{FOR NONUSERS})] \end{aligned}$$

One only needs to try some appropriate and consistent hypothetical numbers with both this equation and the Enterprise equation to grasp the complete inadequacy of the Enterprise equation for estimating births averted.

As a practical matter, the task for Enterprise analysts may, however, be impossible rather than simply much more complex as it appears on the basis of the equations they have presented. Data on actual new acceptors may actually not exist, because in record-keeping the category called "new acceptors" is actually new participants in a particular program, rather than new program participants who were not using contraceptives when they joined the program. Without knowing how many net new contraceptive users have resulted from the project, estimating its

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benefits becomes problematic if not impossible. Actually the problem is even more complex. A control and experimental strategy is necessary to estimate how many of the new first-time users would not have become users outside the project if it had not been started. It is an overstatement to attribute all new users captured by the project as being new users as a result of the project.

## **Appendix G**

### **Results of KAP Surveys**

## Appendix G

### Results of KAP Surveys

As part of the evaluation, eight KAP surveys from five countries were reviewed in detail. Since five of these surveys were carried out only in 1988, it is too early to identify changes in knowledge, attitudes and practices since the inception of these subprojects. Highlights from the surveys include:

- Ever-use of contraception. Use of contraception ranges from 15 percent to 86 percent. For example, the use rate (of any method) was highest for Benguet in the Philippines (86 percent) and second highest for BAT, Zimbabwe (71 percent); it was lowest at 15-16 percent for Guthrie and Firestone in Liberia. In the BAT subproject, however, the condoms were being mainly used for STD and AIDS prevention, rarely for family planning purposes.
- Current use of Contraception. A wide variation in current use rates was found. The range was from 7 percent to 75 percent. For example, the current use rate was highest at 75 percent for Benguet in the Philippines and second highest at 50 percent for BAT in Zimbabwe, while the middle range was 37 percent and 21.5 percent for Lever Bros., Nigeria and Triangle, Zimbabwe, respectively, and the lowest at 9 percent and 7 percent for Firestone, Liberia and Guthrie, Liberia, respectively. The oral pill was the most frequently used method.
- Know where to obtain contraceptives. In three out of the eight subprojects, 50 percent of the sample knew where to obtain contraceptive supplies. No information was provided on source of supply.
- Approval of family planning. Family planning approval was very high in the majority of KAP studies, ranging from 92 percent to 50 percent. Notable in Liberia (Firestone), 62 percent stated that it was the man's responsibility to avoid pregnancy. In Zimbabwe (Triangle), however, a great majority said it was the responsibility of the woman, 5 percent felt it was that of the man, and 3 percent believed it was the duty of both. When asked who makes the decision to use or not to use any family planning method, 89 percent said the man. This finding confirms the Zimbabwe Reproductive Health Survey of 1984 which showed male dominance in the decision-making process.

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## **Appendix H**

### **Self-Sustainability and the Need for a PVO Income Diversification Strategy**

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## Appendix II

### Self-Sustainability and the Need for a PVO Income Diversification Strategy

#### Introduction

The design of the Enterprise project has directed it to generally strengthen PVOs, build their business skills, and promote their financial self-sustainability. Enterprise has helped create some self-sustaining projects under the umbrella of some PVOs which may generate some surplus revenues that can be used by the PVO to fund other activities. It is a real achievement to have self-sustaining projects in the field of family planning but their surplus revenues seem likely to be able to make only a small contribution to the income base of a PVO. Therefore, their contribution needs to be considered as part of an all around strategy of PVO income diversification as the first step toward lessening dependence on a donor and ultimately self-sustainability.

#### Elements of an Income Diversification Strategy

Self-sustainability for a 100-percent donor-dependent PVO will not happen over night. It could take a decade to build the type of diversified income base that is the hallmark of a truly self-sustaining organization, one that, with the cession of one or more sources of income, can remain functioning with a capacity to rebuild its activities.

Some PVOs have a wide range of possibilities as to where they build alternative sources of income; others don't. Some alternative income sources complement the existing work of the PVO; others don't, and the inherent managerial capacities of the PVO itself are a critical factor in deciding if a PVO can work towards a diversification of its sources of income.

Nevertheless, possible alternative sources of income include:

- Encouraging alternative foreign donors, including foundations;
- Developing local donors such as:
  - a) government and government agencies including health, welfare, youth and community development organizations capable of making grants;
  - b) private foundations, associates and individuals interested in family planning; and
  - c) corporate donors and gifts in kind.
- The development of a cash endowment to provide tax-free "charitable" income;
- The ownership of property for rental income;
- The development of unrelated business activities such as charity shops, for example;



- The development of services related to family planning which can be sold to the public; the Sofia Feldman Ultrasound project in Brazil, for example);
- Fees to contraceptive users for commodities and private consultations;
- Fees to government and private sector financial agencies for services, training and other activities;
- Community-based fund raising events (e.g., raffles, bingo, football pools, etc.); and
- Contacting professional fund-raisers at home and abroad.

There are probably other opportunities that could be added to this list. The main point is that each PVO needs to evaluate its position in light of its assets and all the various opportunities for income generation which exist for it in a particular country.

Developing and executing an all around income diversification strategy for PVOs is a major project in its own right and beyond the scope of Enterprise. Enterprise has rightly focused on business activities and for-profit business as one form of income generation. These are the areas where it can make a particular contribution to PVO sustainability and it would be a dilution to move beyond them into other types of income-generating activities.

On the other hand, to be fair to the PVOs, they need to see the Enterprise contribution as one aspect of an overall strategy to achieve sustainability, but not the only one. Some PVOs are clearly not in a position to provide the type of high quality fee for service work which companies require and would be best served by more conventional fund raising techniques.

### PVOs and Private Business

As part of its sustainability strategy, Enterprise is trying to link PVOs with the private business sector. It is creating a new market to which PVOs can sell training and IEC services. This is a good idea both from a family planning and an income generation point of view. It should be the prime focus of Enterprise's activities. The income generating projects fostered by Enterprise also have a validity which is discussed in the body of the report. These following paragraphs build on the fact that Enterprise has rare knowledge of both sectors and could have a role in seeking to expand the contribution that private business could make to the family planning movement. With relatively little extra effort on the part of Enterprise, it might be able to encourage corporate support in the form of:

- Donations of Cash. Both the Benguet Company in the Philippines and the Rio Tinto Zinc Corporation in Zimbabwe maintain large corporate foundations. Other companies make gifts to communities from corporate budgets. The tax deductibility of gifts is an issue here and it would be a

mistake to assure that because a company benefits from a service it would automatically want to make a donation. It may be well disposed to do so but would not see the gift as an obligation. On the other hand, some corporations may be willing to give even if they don't use the service.

- Donations of Equipment. Corporations often have high quality desks, typewriters and other equipment they need to dispose of as they re-equip their businesses. Many are quite willing to donate these "write downs" to good causes.
- Donations of Services. Companies are also willing to donate services such as printing and transportation to non-profits. These services could be within a country or internationally when multinationals are involved.
- Products. Health and pharmaceutical companies are among the many that are willing to donate a wide range of current and unwanted products to PVOs in both the U.S.A. and abroad. They may also be willing to give PVOs discounts on merchandise.
- Staff Time. Many companies in the U.S. and Europe have been willing to loan executives and loan finance managers to PVOs to help them strengthen and manage their organizations. One of the best assets a PVO can have is a long-term relationship with a corporation that is willing to share its business expertise with PVO managers on a regular basis. This practice is probably not at all widespread in developing countries but could be developed especially with those multinationals which have such policies in the U.S. and Europe.

As Enterprise develops its relationships with the private business sector, these opportunities ought to be explored. They represent additional resources for PVOs which need to develop these long-term relationships with business at the local level.

### Blocked Funds and Debt Swaps

A major corporate funding opportunity that Enterprise could review systematically but not necessarily work on is the issue of blocked corporate profits and the related issue of corporate debt. U.S. and British multinationals represent a special funding opportunity for PVOs. They often have large amounts of "blocked funds" in developing countries. In Zimbabwe, for example, it is estimated that there is approximately \$350 million worth of profits held in special bank accounts earning a mere 5 percent taxable interest a year. These funds are a wasting asset for a company and one way of dispersing them is to donate them to a charitable cause in the host country and claim a charitable deduction in the company's home country. If the company does not have a surplus of foreign tax credits, then the "donative option" could be an attractive possibility.

Several such donations have taken place in Zimbabwe and it appears that the Zimbabwe National Family Planning Council, for example, would be an eligible recipient. Such donations are complicated but not impossible to arrange. The attraction of them to PVOs is that the sums involved are usually very large because the administrative difficulties of setting them up means that it is just not cost efficient to engage in the process of making a gift for less than about \$100,000. On a worldwide basis, there are more than \$150 billion of funds in this category.

A variation of this model of donation is for U.S. based non-profits to acquire by gift or purchase less developed country debt on the secondary market and then to redeem it on behalf of a project in the debtor country at full value in local currency. (Bolivian debt, for example, is 11¢ on the dollar and Philippine government debt about 50¢ on the dollar.) Very few of these charitable "debt swaps" have been done. Most have been in the field of conservation. They do represent, however, an opportunity for alert PVOs to benefit from private sector business' desire to reduce its debt and achieve some good public relations in a host country.

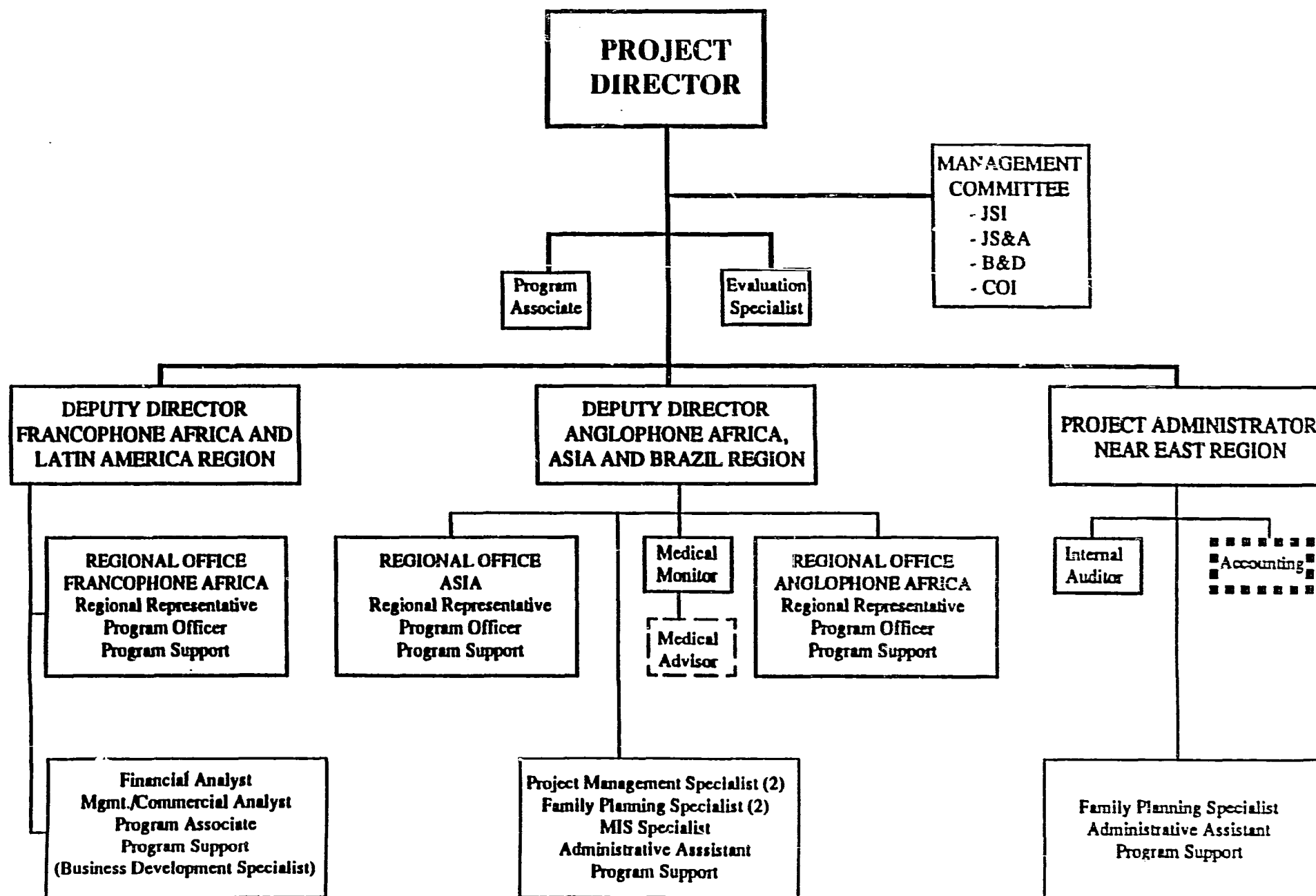
Enterprise began a review of this "debt swaps" possibility but, after discussions with A.I.D., shelved further exploration. It is worth further review as a potential source of family planning funding. On a worldwide basis, it is estimates that there are \$10 trillion of funds in the category which covers both public and private debt.

In addition, one of the very special assets multinationals have in developing countries is their access to hard currency. Hard currency is such a difficult issue for so many less developed countries and profoundly affects their willingness to buy family planning commodities. Thus this should also be reviewed and explored to see if there are not opportunities for multinationals to use their international buying power to underpin their own and related commodities buying programs.

# **Appendix I**

## **Enterprise Program Organizational Chart**

Appendix I  
**ENTERPRISE PROGRAM ORGANIZATIONAL CHART**



## Appendix J

### Recommendations

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## Appendix J

### Recommendations

#### 1. Intro: Project Objective and Design Issues

- 1(1)<sup>1</sup> S&T/POP should review the project design process and the resulting contract to ensure that the project objectives as written in the Project Paper are explicitly included in the contract.

#### 2. Overall Performance and Strategy

- 1(2) The objectives of the Enterprise project, and the priorities among them, should be made explicit and clear by A.I.D. (in consultation with JSI). A.I.D. and Enterprise should agree on the best strategy for achieving the priority objectives and amend the contract as necessary (see Recommendation 11[8]).
- 2(2) A.I.D. should consider establishing, if feasible, a "Private Sector Family Planning Technical Advisory Group" (or group with some similar name), consisting of experts from outside A.I.D. who can advise S&T/POP on private sector programming issues. The intent would be to provide guidance not just for Enterprise, but also TIPPS, SOMARC, and other projects and programming related to the private sector.
- 3(2) Learning which private sector family planning approaches will be successful and under what circumstances should be a major objective during the remainder of the project.
- 4(2) Enterprise should follow-up and expand on current initiatives to collaborate with TIPPS and other centrally funded projects. S&T/POP should devise strategies and incentives to encourage greater collaboration among its contractors.

#### 3. Employment-Based Subprojects

- 1(3) The Enterprise contract should be amended to reduce the target number of subprojects. Enterprise should consolidate its activities in fewer countries, rather than expand to new ones. It should not initiate subprojects in any country in which it does not already have a subproject under way.
- 2(3) To sustain the Enterprise approach, a clear objective should be to help create within a country the political climate and administrative systems that support and sustain private sector involvement and family planning.

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<sup>1</sup>Recommendations are numbered consecutively in each chapter. The number in parentheses indicates the chapter number. Recommendations in bold face are the principal recommendations in the report.

- 3(3) To institutionalize the Enterprise approach at the national level, Enterprise should analyze and document its experience with the various national policy issues it has encountered implementing its work. This material should be used as a basis for policy development objectives to be included in the design of a follow-on project.

#### 4. PVO/NCO Sustainability

##### General.

- 1(4) For the remainder of the project, Enterprise should concentrate on consolidating and preparing for phase-out of its efforts with employment-based subprojects.

##### Subsidies.

- 2(4) Given the intent of this project to transfer some costs of service provision to the for-profit sector, seed money (subsidies) should be provided only where necessary. Guidelines for provision of seed money, including equipment) should be developed promptly. Enterprise should seek to learn more about the circumstances under which continued seed money should be provided.
- 3(4) Enterprise and TIPPS should collaborate to develop a consistent and accurate cost-benefit analysis model as the basis for different types of corporate presentations.

##### Effectiveness of Service Delivery Subprojects

- 4(4) Enterprise needs to install a more uniform approach to collecting service statistics so that this information can be measured and compared by the end of the program.
- 5(4) In addition to data on service statistics, Enterprise should be collecting data on other program elements in its MIS. Decisions should be made concerning which of the following factors should be included as elements of potential impact:
- Availability of and access to multiple contraceptive methods; and expanding choice of methods contributes to increased use and continuation;
  - Quality of selection, training, and supervision of personnel;
  - Effective IEC (people who are well-informed use a method better and stay with it longer);
  - Good logistics;
  - Costs to users and to the project;
  - Spin-off and collaborative working relations with other contractors and CAs;
  - Coordination to avoid redundancies;
  - Building on existing experience and strengths;
  - Role and influence of management;
  - Government policies.



- 6(4) The results of individual subprojects and the collective survey findings, including focus group discussions, should be written up and lessons learned extracted for the design of a follow-on project.

Costs Issues<sup>2</sup>

- 7(4) The Office of Population should decide what its precise goals are in the area of costs per acceptor and costs per CYP. A.I.D. and Enterprise should then come to agreement on how to calculate these costs. Efforts to understand the circumstances under which some subprojects costs are high while others are low should supplant recent across-the-board efforts by Enterprise to demonstrate that subproject costs are lower than they initially appear to A.I.D.
- 8(4) Rather than invest further effort in trying to manipulate subproject cost figures to lower them across the board, the project should carry out an analysis to determine which subprojects are the most cost-effective and which the least, and, further, determine what operating principles can be derived from this knowledge to improve outcomes during the rest of this project and in a follow-on project (see Recommendation \_[7]).

Sustainability.

- 9(4) Enterprise should analyze what can realistically be expected in the area of sustainability and develop guidelines for future activities. This may result in an expansion in the definition of sustainability to include projects that require some modest elements of financial support from governments or donors.
- 10(4) Enterprise should develop a thorough institutionalization strategy with a checklist of objectives, including the establishment of management/union agreements about the status of company programs. It should also seek to include the maintenance of its succession in the job description of key managers. At the conclusion of the project, the company should be left with a succinct, jointly-developed "owners manual" to support the long-term management of service delivery.
- 11(4) Enterprise should experiment with different combinations of inputs for start-up costs with schedules for progressive phase-out of Enterprise funding once the project is established. These might include linking the firm to established family planning organizations, either PVOs or parastatals, for on-going technical assistance and for continuous supply of contraceptives.
- 12(4) The establishment of arrangements for on-going IEC work with employees and the regular training of company staff in service delivery must exist at the conclusion of Enterprise's involvement in a subproject. In some cases and countries, this support will need to be provided by government or commercial health-care providers.

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<sup>2</sup>These recommendations hold both for employment-based and other service delivery subprojects.

- 13(4) The priority to IEC should be increased. It may be necessary to impress on company officials that the purpose of IEC work is to alter the nature of "demand" to change it from passive "don't want any more children" responses in surveys to motivating people actively to discuss and demand contraceptives.

## 5. New Business Ventures

- 1(5) No new PVO activities should be initiated aimed solely at PVO strengthening or PVO self-sustainability. Instead, work with PVOs should focus on activities to enable PVOs to market training, IEC, and other technical services to private sector entities for a fee--what JSI has called the "synergistic approach."
- 2(5) Enterprise should review host government and A.I.D. policies that may be inhibiting PVO subproject economic activity and suggest any changes that it deems necessary to enable more activities to take place.

## 6. Implementation: Other Program Activities

- 1(6) The "New Business Ventures" category should be dropped. Subprojects now classified by theme as "new business ventures" should be reclassified under one of the project's original categories (presumably PVO sustainability or market-based commercial channels). No efforts should be made to start new business ventures not directly related to family planning.
- 2(6) In any programming initiatives that are undertaken between now and the end of the project, more attention should go to exploring systematically options with market-based commercial channels as set forth in the project, even if these do not lead to immediate gains in acceptors.

## 7. Management

- 1(7) It may be appropriate for Enterprise to provide advice to USAID missions when requested, but the project should not seek such situations and should not feel compelled to develop a subproject in every country in which it provides technical assistance. In some cases it will be appropriate for the mission to initiate private sector activities as part of its own bilateral project.

### Project Organization and Staffing

- 1(8) The Enterprise project should hire additional staff with expertise in the private sector perhaps as short-term consultants or advisors. The Office of Population should attempt to determine how other private sector projects (TIPPS and SOMARC) have

solved the problem of A.I.D. salaries. Consultants with private sector expertise might be hired.

- 2(8) Subproject development and monitoring (including backstopping and the provision of technical support to subprojects) should become less centralized. The lines of authority should be altered to provide more responsibility for decision making to the project monitors and regional staff.
- 3(8) Enterprise should place more staff in its regional offices and give these offices greater authority to develop and implement subproject activities. This is desirable now to the extent it is feasible and practical and essential for a follow-on project. The roles and responsibilities of the regional advisors need to be clarified.
- 4(8) Where possible, Enterprise should attempt to hire in-country representatives in all countries where the program has a substantial amount of subproject activity. In-country representatives could play a major role in the consolidation and information dissemination activities that should be carried out during the remainder of the project.
- 5(8) If it remains impossible to identify a CTO with commercial sector expertise, technical advice should be provided in this area on an ongoing basis.

#### Financial Management

- 6(8) A.I.D. should carry out a study to review the subproject development and implementation costs associated with centrally funded projects that have a worldwide base. This would help to identify ways of better understanding these costs, so that they might potentially be reduced, not only for Enterprise but other future programs as well.
- 7(8) A.I.D. and JSI should modify the budget categories as needed to accord with changes in the project strategy recommended elsewhere in this report.

#### MIS and Evaluation

- 8(8) The project should proceed with its efforts to develop a comprehensive MIS that can be used as an effective tool for both monitoring and evaluation. The MIS should gather not only service statistics but also qualitative information about activities such as training, IEC, motivation and spin-off effects that may have occurred.
- 9(8) Criteria to be used for evaluating project performance and success (and thus also the performance of the contractor) should be determined as part of agreeing on project objectives (see Recommendation 1[2]). A limited number of basic categories and the criteria for judging effectiveness should be agreed upon. A.I.D.'s CTO and Enterprise's evaluation specialist should take the lead in this activity.

- 10(8) Learning which private sector family planning approaches will be successful and under what circumstances should be the major objective during the remainder of this project. Enterprise staff should analyze systematically and thoroughly what has been learned and what questions remain unanswered. A series of working papers should be produced reflecting the conclusions reached. Papers might be developed on the following:

■ Self-Evaluation

- Enterprise should rank all its subprojects to identify those judged by the project to be most effective.

■ Lessons Learned Within Subproject Categories

- This would include preparation of background documents (analyses or issues papers) on what is known to date (including both experience of others prior to Enterprise and what has been learned through Enterprise) on the five major types of programming undertaken to date.

- Employment-based family planning: What works best.

Such a study would need to differentiate among the various types of work sites: those where most employees are women; those where most employees are men but the employer provides health care to dependents; and those where most employees are men and the employer provides no services to dependents.

- Health-care markets: Such a study should include documentation on problems encountered and solutions found.

- Helping PVOs to become more businesslike.

- Helping PVOs provide technical services to private companies and other organizations that provide family planning to individual users (the PVO-commercial sector synergy approach).

- Helping family planning organizations to launch new business ventures.

These analyses should be initiated immediately and preliminary papers completed within a matter of weeks. Issues for which answers do not currently exist should be identified. The documents produced should be used immediately and during the rest of the project to guide decisions about how best to invest A.I.D. funds.

■ Lessons Learned: Cross-Cutting Issues

- Sustainability. This should analyze what can realistically be expected in the area of sustainability (see Recommendation 9[4])

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- Cost-effectiveness. This should look at which service delivery subprojects are more cost-effective and which are less so (see Recommendation 7[4]).
- Costs. This should look at costs of providing family planning services through the private sector.

11(8) Present categorization efforts should be set aside and subprojects reclassified according to the main categories set forth in the project design: PVO/NGO; Employment-based/~~employee~~ benefit plans; and "Health care market." The category of New Business Ventures should be dropped. "NGO/PVO" should be used only for organizations that are truly private, non-governmental organizations. Subcategories and cross-cutting categories (e.g., service delivery) could then be adopted that correspond to the terms of the project design (as well as to terms used in the private sector).

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## Appendix K

### Logframe

PROJECT DESIGN LIBRARY  
LOGICAL FRAMEWORK

Family Planning Enterprise Project 936-3034

Project Title & Number

Title of Project: \_\_\_\_\_  
From FY: 85 to FY 90  
Total US Funding: \$79,321  
Date Prepared: 4/3/85

Objective: A-1	Objectively Verifiable Indicators: B-1	Means of Verification: C-1	Assumptions: D-1
Requested: to find the means to provide voluntary family planning services to enhance the freedom of individuals in IDCs to choose voluntarily the number and spacing of their children	Increases in active family planning users over time; Increases in time intervals between pregnancies; Decline in fertility; and Decreases in population growth rate.	US Data National census data; Ministry of Planning, HQR data; and other expert analysis of indicators	IDC individuals wish to influence the number and spacing of their children. Demand exceeds available, acceptable, affordable family planning services. If such services were made available, they would be used.
Objective: A-2	Objectively Verifiable Indicators: B-2	Means of Verification: C-2	Assumptions: D-2
Requested: to increase the delivery and use of acceptable, affordable family planning services through the private sector	Conditions that will be met: private sector organizations will be established. Family Planning Information and services being provided by IDC private sector organizations. Increased contraceptive use and prevalence attributable to subprojects developed with these private sector organizations	Baseline and follow-up surveys of knowledge, attitudes and practices of trainees; Program evaluations; Requests to donors for funding new IP initiatives and/or commitments of national funds; Service statistics; Contraceptive prevalence surveys; and A.I.D. mid-term project evaluation.	Present system for providing family planning services only reach a portion of those desiring services (unmet demand); and Private sector organizations e.g. private enterprises and/or private voluntary groups represent effective channels for service delivery; (continued)
Objective: A-3	Objectively Verifiable Indicators: B-3	Means of Verification: C-3	Assumptions: D-3
Requested: improved business and management systems for IDC family planning PVOs; and The delivery of family planning services through new private sector market.	To assist family planning PVOs in an estimated 30 countries, approximately 50 subprojects, 10 workshops, 10 microcomputer transfers and an estimated two years of ad hoc technical assistance to PVOs without subprojects. (continued)	Eight semi-annual reports, a comprehensive mid-term report and final report, plus approximately 160 debriefings; Two outside evaluations; Annual internal management reviews; Site-visits by AID staff; and Program audits.	Developing country laws and policies will permit project activities; and Private sector organizations interested and able to utilize project assistance exist.
Objective: A-4	Objectively Verifiable Indicators: B-4	Means of Verification: C-4	Assumptions: D-4
Requested: \$51/IDP funds; Contractor technical expertise and administrative capability; and AID/IDP technical monitoring.	Implementation Target (Type and Quantity) Approximately \$ 39.4 million of AID funding over five years along with ongoing project management: (\$000s) Technical Assistance \$18,745 Subprojects 19,041 Workshops, Training 5 Project Reporting 1,450 Outside Evaluation 25 Total \$39,321 \$51/IDP to authorize the full amount however regional Bureau and Division day-tasks are reported.	Financial records and reports; Vouchers, and AID and contractor audits.	AID will make available necessary funds for project implementation; and A contractor can be found with extensive experience in financial and human resource management, and in the implementation of family planning programs in IDCs.

Source: Family Planning Enterprise [Project Paper], Project Number 936-3034, Family Planning Services Division, Office of Population, May 1, 1985.

ED: This is the only available copy of this sheet.

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Appendix K